THE CHARACTERISTICS OF SOCIOLOGICAL PRACTITIONERS:

A SOCIAL PSYCHOLOGICAL EXAMINATION

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Questionnaires were sent by mail and e-mail to 143 members of the Sociological Practice Association. The purpose of the questionnaire was to measure the role expectations as qualities (competencies), role expectations as actions, and role enactments of the respondents'. An additional goal was to examine how respondents perceived their work to be sociological in nature, and how they saw their work as different from the practices of social workers, counselors, and psychologists.

The first question that was addressed was, "Do sociological practitioners have clear and unambiguous role expectations for their work as practitioners?" The data showed that most role expectations measured as competencies were clear and unambiguous, and only a few were ambiguous and unclear. The second question addressed was, "Do sociological practitioners perceive their role enactments to differ from other helping professionals such as social workers, counselors, and psychologists?" The data showed that sociological practitioners do perceive their role enactments to be different because of their use of sociological theory and their focus on social structures. The final question asked was, "How do sociological practitioners perceive their work as sociological in theory, methods, or both?" The data showed that sociological practitioners perceive their work as sociological based on their use of sociological theory. Most respondents reported that they used common scientific methods, and few reported the use of psychological theory.

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CHAPTER I

INTRODUCTION

Sociological practice has been a part of American sociology since the beginnings of the field in the late 1800's. The first meetings of the American Sociological Society, now the American Sociological Association, were attended by many sociologists with employment in practice-oriented settings (Rhoades, 1981). In addition, Albion Small, the founder of the Department of Sociology at the University of Chicago advocated for the department to focus on sociological practice (Small, 1896). In 1906, one of the first examples of the practical roots of American sociology is found in the book Applied Sociology that was published by Lester Ward, the first president of the American Sociological Society. Ward stated that applied sociology seeks to answer questions dealing with the what for. Specifically, Ward indicated that applied sociology deals with the use of sociological knowledge (Ward, 1906). In 1931, Louis Wirth published an article in the American Journal of Sociology linking the words clinical and sociology for the first time. Wirth indicated that the clinical sociologist might conduct research, act as a consultant to mental health treatment providers, or provide treatment directly (Wirth, 1931).

In 1978, the Association of Clinical Sociologists was formed by a group at the annual meeting of the American Sociological Association. John Glass is credited as being the founder of this association. Shortly afterwards, Glass changed the name of the

association to the Clinical Sociology Association. In 1986, the association voted to broaden its focus to include applied and clinical sociologists. As a result, the name of the association was again changed and called the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists (Clark, 1990). The scope of this study encompasses this association and its membership.

In summary, many leaders, such as Albion Small, Lester Ward, and Louis Wirth, in early American sociology advocated for the specialization of sociological practice to be apart of the broader discipline of sociology. The literature points to the beginnings of sociological practice with a focus on defining the specialization. In addition, the discipline witnessed the formation of professional organizations that focused specifically on sociological practice. However, there are still gaps in the research concerning a concise and consistent agreement on the roles of sociological practitioners from the applied and clinical perspectives. In addition, there are ambiguities about sociological practice, and the differences between sociological practitioners and other helping professionals. This research seeks to examine these issues in efforts to define more clearly sociological practice, to clarify the roles of sociological practitioners from the applied and clinical perspectives, and to distinguish sociological practitioners from other helping professionals such as social workers, counselors, and psychologists.

Statement of the Problem

The purpose of this study is to examine the perceptions of clinical and applied sociologists as to their role expectations and enactments. Sociological practitioners and researchers have attempted to define clinical roles and practice since the late 1800's

(Phillips & Gelfand, 1976) with little success and vague results. These efforts appear to have intensified with the development of the Association of Clinical Sociologists in 1978, and in following volumes of the journals Sociological Practice and the Clinical Sociology Review (Straus, 1979; Freedman, 1982; Ives, 1983; Shenton, 1989; Freedman, 1989; Clark, 1990). The problem addressed in this study is how do clinical and applied sociologists define themselves and their specific tasks as sociologists. Three questions guide this research. First, do sociological practitioners have clear and unambiguous role expectations for their work as practitioners? Second, do sociological practitioners perceive their role enactments to differ from other helping professionals such as social workers, counselors, or psychologists? Finally, how do sociological practitioners perceive their work as sociological in theory, methods, or both? These questions provide the discipline of sociology with empirical research concerning sociological practice and practitioners, showing their continued relevance in contemporary society.

Few empirical studies exist concerning the actual roles of sociological practitioners. Most of the studies that exist concerning the actual roles of sociological practitioners have been discussed in theory and by definition in the literature (Ives, 1983; Clark, 1986). Furthermore, the existing research fails to indicate that sociological practitioners are any different from other helping professionals. In fact, Swan (1984) calls for the development of a clear and definable need for sociological practice. However, difficulty exist in establishing a need for sociological practice if its own practitioners are not clear on what it is, and what they are doing in practice (Swan, 1984). This research seeks to explore the roles of sociological practitioners as they engage in

their professional activities, to document empirically their roles, and to discover what training or theoretical base sociological practitioners have as a foundation for their practice.

Recently, clinical sociologists have sought licensure and certification to become competitive with other established helping disciplines (Swan, 1984; Ellis, 2000; Kennedy, 2000). Sociological practitioners have traditionally relied on the methods of the social and behavioral sciences, but have reportedly maintained a sociological focus (Ives, 1983; Klein & Jones, 1991). However there is speculation from within, and from outside the discipline of sociology concerning whether practitioners are actually engaging in the practice of sociology, or attempting to practice other associated disciplines such as social work, counseling, or psychology. Consequently, sociological practitioners must be clear on who they are, what they do, and how they practice, so that their efforts can be legitimized; as well as clear training methods, skills, techniques, competencies, and supervision models can be developed from a sociological perspective to address micro, meso, and macro level problems in contemporary society (Swan, 1984).

Assumptions

First, sociological practice is an accepted specialization in the larger discipline of sociology. This is evident by the existence of the Sociological Practice Section of the American Sociological Association, the Sociological Practice Association, and the Society for Applied Sociology, all of which claim to encompass the entire specialization of sociological practice (Ives, 1983). Second, sociological practice is different from other helping professions such social work, counseling, and psychology because of its reliance

on sociological theory. Third, sociological practitioners are actually engaged in the practice of their specialization, basing that practice on sociological theory, and not simply writing or speculating about what they could do as practitioners. Fourth, sociological practitioners are professionals that practice on the micro, meso, and macro levels, providing direct care services to individuals, families, groups, organizations, and communities. Finally, I assume that the Sociological Practice Association is the best representation of sociological practitioners within the discipline.

Delimitations

Most of the participants in this study are from the United States with few exceptions; as a result, the findings may not be generalized to populations of sociological practitioners outside the United States. In addition, participants in this study are only chosen from the Sociological Practice Association, and not from the other two associations for sociological practitioners. Sociological practitioners may belong to other professional organizations, or not belong to any organization at all; therefore, this may limit the generalizability of the findings of the study too the membership of the Sociological Practice Association. While it is possible, and perhaps more inclusive to examine all sociological practitioners in all professional organizations that have sociological practitioners as members, time and financial limitations prevent this from occurring.

Not every aspect of sociological practice is examined in this study. Only the role expectations as actions and qualities (competencies), the role enactments of sociological practitioners, and sociological practitioners' perceptions concerning theoretical

orientation and methods are explored in this study. In addition, because of using self-report data concerning the participants' perception of their role expectations and enactments, the results of the study rely on the honesty and accuracy of the participants. These delimitations exist because the study would be too large, and quite unmanageable, if all aspects of sociological practice were investigated.

Definition of Terms

For the purposes, of this study, working definitions of various terms need articulating. These definitions should be considered flexible and subject to revision via the findings of this investigation. Sociological practice is usually defined as, a term to describe the activities of sociologists who engage in applied or clinical sociology; the basic concept of using sociology in social life as opposed to merely studying society as in pure sociology (Straus, 1994). Phillips and Gelfand (1976) found three common threads in the examination of definitions for sociological practice including (a) a lively sense of the problem, (b) actual movement to deal with the problem, and (c) a foundation within one or more of the fundamental schools of sociological theory.

A sociological practitioner, for the purposes of this study, may be considered either an applied sociologist or clinical sociologist that occupies a particular social position in the larger discipline of sociology as evidenced by academic degree or sufficient academic training in sociology, and engages in the role expectations of their chosen specialty. Role expectations are either actions or qualities (Sarbin, 1954). This study focuses on role expectations as actions, as well as role expectation as qualities. The roles of sociological practitioners are defined as the expectations that result from the

practitioner holding the identity of an applied or clinical sociologist. The characteristics of sociological practitioners are comprised of consensual and sub-consensual references (Kuhn, 1954); this study focuses on the former which includes conditions that are common knowledge such as demographic data, self-identification as an applied or clinical sociologist, education, work settings, certifications, licenses, and involvement in professional organizations; in addition to role enactments, which are the observable behaviors of the practitioner while engaged in the role performance of a sociological practitioner. This list of characteristics is not meant to be exhaustive, but instead as a starting point of a formal investigation of sociological practitioners.

Several definitions of clinical sociology have evolved since its conception. In fact, there has been a continual refinement of its definition, but still no agreed upon meaning. However, for the purposes of this study, clinical sociology is defined as the application of a variety of critically applied practices, which attempt assessment, diagnosis, and treatment of individuals, families, groups, and communities to improve social functioning (Swan, 1984). In this study, the term clinical sociology is synonymous with counseling sociology. Applied sociology has had similar instability with its definition, but to a lesser extent. Nevertheless, for the purposes of this study, applied sociology is defined as problem-solving research conducted for governments, foundations, communities, agencies, or business to solve problems; or for program evaluation purposes, as opposed to research conducted principally to increase the science base of sociology (Straus, 1994).

Data and Methods

Since this research is exploratory in nature, it is appropriate to have research questions (Creswell, 1994; Gay, 1996). In this study, sociological practice and practitioners are examined concerning how they define themselves and their specific tasks as sociologists. This study seeks to answer three questions concerning sociological practitioners: a) do sociological practitioners have clear and unambiguous role expectations for their work as practitioners, b) do sociological practitioners perceive their role enactments to differ from other helping professionals such as social workers, counselors, or psychologists, and c) how do sociological practitioners perceive their work as sociological in theory, methods, or both? These three questions have the potential to add to the current body of knowledge concerning the definition, role expectations, and specific role enactments of sociological practitioners.

Population. The population under examination for this research is the membership of the Sociological Practice Association. This is a small professional organization consisting of both applied and clinical sociologists; therefore, it is possible to examine the entire population versus selecting a sample. There are approximately 143 sociological practitioners in this population, slightly more applied sociologists than there are clinical sociologists. In addition, there are slightly more males than females in this population. Furthermore, the membership of the Sociological Practice Association lives in the United States with few exceptions.

Measures. The Sociological Practitioner Role Questionnaire (SPRQ) was developed by using questions from the General Social Survey and other professional

groups' questionnaires to understand their organization s demographic composition. The questions were found to be both valid and reliable by the authors of the General Social Survey, and other professional organizations such as the National Association of Social Workers. Concerning the other questions used, they were gathered from role and function studies conducted with other professions. The completed questionnaire is a 49-item instrument consisting of four "fill-in-the-blank" questions, seven "choose-the-right-answer" questions, 36 Likert-type questions, and two open-ended questions. The questionnaire requests information concerning general demographics, education, sociological identity, practice settings, certifications, and licensure held by the participants; in addition to questions concerning perceived role expectations, perceived role enactments, perceived differences between sociological practice and other helping professions, and how their work is perceived as being sociological in nature. The questionnaire was piloted to random members of the American Sociological Association's section on Sociological Practice to gain expert validity before it was sent to the actual population for completion.

Data Collection. The data obtained to answer the above research questions were obtained from a self-constructed questionnaire. The self-constructed questionnaire yielded data on the nominal and ordinal scales of measurement. Nominal scales simply classify persons into two or more categories, while ordinal scales classify and rank persons in terms of the degree to which they possess a characteristic of interest (Gay, 1996).

The study was presented to the Institutional Review Board for the Protection of Human Subjects Committee at the University of North Texas and gained approval (application number 01-148). Then, the data for this study was collected by mail and e-mail. The SPRQ was sent to the sociological practitioners on the 2001 membership list of the Sociological Practice Association via mail and e-mail, and they were returned to this student by mail and e-mail as well. The membership list was obtained from the organization and was found to contain the full names and e-mail or regular mail address for each member. The initial mailing contained an introduction letter asking for participation. The second mailing contained a voluntary participation statement, a statement concerning confidentiality, a description of the study and its purpose, and the instrument (SPRQ). A follow-up e-mailing was sent approximately three weeks after the second mailing to encourage participation in the study. Next, a third e-mailing was sent to all of the potential participants who had not responded to prior mailings. Finally, a physical mailing was sent to any participant who may not have responded to ensure full participation; this occurred three weeks from the third e-mailing.

Data Analysis

Descriptive parameters were used to describe the population s demographic data. Cross-tabulations and gamma analysis were used to analyze the data. Cross-tabulations allowed for the cross-classification of respondents in terms of their answers to more than one question. The gamma parameter allowed for the measurement of associations between ordinal level data when the direction of influence was unknown. Furthermore, the gamma statistic will provide the direction and strength of the associations between the

ordinal level variables (Frankfort-Nachmias, 1997). Cross-tabulation, frequency, and percentage tables; in addition to bar charts, were utilized to present the data in a visual format. Since there is no random sampling in this study, and the entire population of the Sociological Practice Association was under investigation, tests of significance were not be used (Heley, 1993). Finally, conclusions were drawn about the population from the resulting data concerning the perceived role expectations and enactments of sociological practitioners, the perceived differences between sociological practitioners and other helping professionals, and the sociological traditions that practitioners used as their base for practice.

Major Divisions of the Research Project

Chapter I introduces the reader to the topic of study. Chapter II contains a review of the literature focused on sociological practice, applied sociology, and clinical sociology. Chapter III presents role theory as a guiding framework for this study. Chapter IV explains the methods that were used to collect, analyze, and generate conclusions. Chapter V presents the results of the data collected in the study, and discuss the meaning of the data. Chapter VI summarizes the study, provides concluding remarks, and suggests areas for further research in the investigation of sociological practice.

CHAPTER II

REVIEW OF THE LITERATURE

During the last two decades, sociological practice has captured the attention of faculty and students in sociology. Although the practice of sociology is not a new idea, recently there have been an increased number of publications on sociological practice. Klein and Jones (1991) cite that the increased interest in sociological practice is for practical reasons, one of which is that the specialization provides employment opportunities for sociologists outside academia. Sociological practice may be broken down into two distinct sub-specializations, clinical sociology and applied sociology (Ives, 1983), which appear to coincide with the themes of many articles on sociological practice. Consequently, there appears to be three categories of literature on the subject: general sociological practice, clinical and counseling sociology, and applied sociology. This is further illustrated by a literature search conducted in the Sociology Abstracts database between the dates of 1986 to the present. A total of 2,452 hits were discovered for the key words "sociological practice," "clinical sociology," and "applied sociology." The break down of hits between the above categories are as follows; 754 hits for the key word "sociological practice," 835 hits for the key word "clinical sociology," and 863 hits for the key word "applied sociology.". The titles and abstracts of these articles were reviewed for relevance to this study. The following articles were selected for their relevance to the problem of this dissertation; they provide an adequate understanding

of the current knowledge base concerning the clinical and applied aspects of sociological practice.

Sociological Practice

Phillips and Gelfand (1976) sought to define further sociological practice by identifying common threads in articles published in the first year s publication of Sociological Practice. Having a lively sense of the problem is the first of these threads. Phillips and Gelfand state that some authors centered their attention on practical problems, while other authors focused on theoretical problems. Phillips and Gelfand extrapolate from this that to engage in sociological practice, identified problems are solved using sociological theory.

The second thread cited by Phillips and Gelfand is the actual movement to deal with identified problems. Sociological practice implies an action taken to ameliorate problems. A simple description of social problems is not sociological practice to Phillips and Gelfand. Some actions that are termed the "practice" of sociology may take the forms of writing policy for a governmental structure, recommendations to community leaders that result from a social impact assessment, interventions conducted on members of a family during times of family discord, and actual interventions conducted on individuals during sociotherapy.

The final thread identified by Phillips and Gelfand is that the sociological practitioner has a solid foundation in sociological theory. To engage in sociological practice, the practitioner must make an effort to ameliorate problems using sociological theory as a guide for intervention. Phillips and Gelfand imply here that to use some other discipline's theoretical base as a guide for intervention is to practice that discipline.

Because the discipline of sociology has theories that address macro, meso, and micro level social phenomena, practice may occur on all of these levels.

While Phillips and Gelfand make a worthy attempt to define sociological practice in its early stages of development, they have no data from actual sociological practitioners to support their conclusions. Great efforts were made not to clearly define the field of practice during this stage of its development due to fears that a specific definition may limit the field's development. "Let us resist the temptation to reach for closure on a concept that should be left free to develop on its own." While these authors had good intentions, they seem to have set a trend for not limiting the scope of sociological practice and defining its boundaries by other authors; consequently, other authors took this same loose and broad approach to defining sociological practice. Some sociologists would conclude that sociological practice is still not well defined concerning its purpose and scope.

Van Horne (1976) focuses on the role emergence of sociological practitioners in non-academic settings. Van Horne uses himself as a case example when he applied for a non-academic position to illustrate the ambiguous role expectations of potential employers. As a consequence of the recruiter's lack of knowledge concerning the roles and functions of sociological practitioners, it was hard for them to see the usefulness of a sociological practitioner in their organization. However, Van Horne states that the recruiter was familiar with the ability of sociologists to analyze data using quantitative analysis, and hired him for that purpose giving him the title "quantitative sociologist." While Van Horne perceived his role expectations as a sociological practitioner to apply a sociological perspective to problems, this was at variance to the role expectations of his

new employer creating several barriers to his perceived role as a sociological practitioner.

Van Horne's article identifies the need for sociological practitioners to clearly identify their roles, and convey this information to potential employers. Specifically, sociological practice needs a clear set of role expectations that others can identify as sociological in nature, that are not performed by other disciplines such as social work, and are useful to their hiring organizations. Present day, some sociologists maintain that sociological practice still does not have clearly defined roles and associated role expectations. This appears to have impeded the development of a clear definition of sociological practice, and relegates the field as unimportant in the larger discipline of sociology (Simon & Scherer, 1999).

In an editorial written by Ives (1983), the role differences between applied and clinical sociological practice are explored. Ives reported that many clinical sociologist have a Master of Social Work (M.S.W.) degree, and have adopted a sociological perspective for their practice, rather that a psychological perspective. Various roles for the clinical sociologist were identified such as individual therapist, family therapist, and group therapist. Ives also reported that those applied sociologists who are "orthodoxed" sociologists and who have little interest in clinical roles, but work within organizations, consult, and conduct applied research. However, applied and clinical sociologists are sociological practitioners, but with different roles and associated role expectations. Unfortunately, no data was included in Ives paper to support his claims.

Knudten (1990) investigated the scope and content of sociological practice. He begins by stating that there still remains considerable confusion among academic sociologists as to what constitutes sociological practice. Knudten states that there are

three, not two as mentioned by Ives (1983) components to sociological practice: applied research, evaluative research, and clinical intervention. For Knudten, applied sociology encompasses the roles of making assessment, problem solving, data gathering, and making social decisions through research applications. Sociologists working as applied practitioners draw from "pure" sociological theory and research methods in their efforts.

According to Knudten (1990), evaluative research is a term used to describe research methods that seek to measure program process, impact, outcomes, and effectiveness. These efforts are reported to have become essential for documenting outcomes and effectiveness to funding sources that programs are accomplishing their intended goals. In addition, evaluative research is used to obtain objective measurements on church programs, health care programs, law enforcement programs, and business initiatives. Often times, applied research and evaluative research are combined under the umbrella term "applied research."

The final form of sociological practice is clinical intervention or clinical sociology (Knudten, 1990). Clinical practice differs sharply from applied and evaluative efforts according to Knudten. Clinical sociology seeks to implement interventions to improve human functioning in the social environment. Clinicians may practice on the micro, micro-meso, meso, meso-macro, macro, or policy levels. Knudten indicates that micro level interventions are focused on the individuals or parental dyad; micro-meso level interventions focus on the family or extended family, or small group; meso level interventions focus on larger small group or associations; meso-macro level interventions focus on large associations or organizations; macro level interventions focus on institutions or government; and the policy focuses on social institutions. Knudten further

notes that clinical sociologists may have diverse roles such as a conflict resolutionist, sociotherapist, gerontologist, program developer, organizational developer, group analysis, behavior analysis, administrator, or systems analysis to suggest a few.

While Knudten (1990) advances the definition and scope of sociological practice, his work lacks data to support his statements, his definitions are simply collections of practice roles, and he appears to blur the boundaries of the types of sociological practitioners and practice by listing multiple categories when fewer categories would have been adequate. Knudten also attempts to predict the future of sociological practice by indicating that the field will bring abstract sociology into the real word of day-to-day living. However, Knudten fails to suggest that further research should expand the public's and sociology's understanding of sociological practice. Nevertheless, Knudten saw a future for sociological practice, but one may question if that future ever became a reality.

Ruggiero and Weston (1990) examined sociological practice and its definition by using a practitioner survey. This appears to be one of the first efforts for data to be collected and analyzed on sociological practice in efforts to seek an agreed upon definition for sociological practice, to determine if the categories of applied and clinical sociology are useful, the training of sociological practitioners, to determine how sociological practice differs from basic sociology, the status of sociological practice, and should students be encouraged to pursue careers in sociological practice. Ruggiero and Weston's finding are as follows: there are many differing views of what constitutes sociological practice and how to do sociological practice; there is a lack of consensus on the roles and functions of sociological practitioners; and there is a lack of published

literature on sociological practice that clearly defines the fields scope and content for perspective employers, faculty, and students. Consequently, Ruggiero and Weston urge the production of research that continues to examine the issues of definition, roles, and role expectations of sociological practitioners. The inclusion of non-academic sociologist is reported by these authors as essential for gathering the data necessary to accomplish this lofty task.

Hauser (1990), recognizing the ambiguity of sociological practice and the associated confusion of basic research sociologists as to what is sociological practice, he offers a discussion of six methods to "legitimize" sociological practice to "mainstream" academic sociology. Hauser urges that sociological practitioners ground their practice in sociological theory. The heart of any scientific discipline is its theoretical base; consequently, to practice the science of sociology, Hauser states that practice should be based on one or more of the discipline's theoretical systems. Second, Hauser urges that sociological practitioners use sociological methods in their work and not turn to the methods of other social and behavioral sciences. Particular to sociology, Hauser states that sociological practitioners should maintain their sociological imagination, and apply that imagination in their problem solving and intervention efforts. Fourth, sociological practitioners should not shun or hide their identities as sociological practitioners by using titles such as therapist, counselor, or social worker. As a result, Hauser indicates that the discipline will be forced to recognize the accomplishments of its practitioners. Finally, practitioners should actively participate in the sociological enterprise by attending sociological meetings, conducting research, and presenting their findings.

Klein and Jones (1991) review the differences between sociological practice and

social work practice. The authors of this article conclude that the two disciplines have much in common, and are likely to become competitive in the future. Actions that sociological practitioners can take are offered to curtail the blurring of the boundaries between the two disciplines. Licensure or state certification is offered as the primary action to accomplish the protection of practice and title. Secondly, but not least important, sociological practitioners must claim to be sociologist, and not disguise their academic training as social psychological, counseling, or as social work.

Summary. While several definitions have been offered for sociological practice, they are ambiguous and non-specific. Some authors have touted this ambiguity as strength for the developing field of practice. However, potential employers have difficulty formulating role expectations for sociological practitioners due to the field s ambiguity and lack of empirical support for defining sociological practice, its roles, and role expectations. Finally, some authors have attempted to distinguish between sociological practice and other disciplines, such as social work, with little success. This has the potential to create turf battles between more established professions, such as social work, and role emergent professions such as sociological practice, damaging the field's development.

Clinical Sociology

Wirth (1931) wrote the first article using the term clinical sociology. Wirth defined clinical sociology as a "convenient label for those insights, methods of approach, and techniques, which the science of sociology can contribute to the understanding, and treatment of persons whose behavior or personality problems bring them under the care of clinics for study and treatment" (p. 8). Three main components of clinical procedure

were cited by Wirth. First, the clinician focuses their attention on the case or person presenting with the problem. Second, the clinician works within a treatment team comprised of other treatment professionals. Finally, the clinician helps develop and implement interventions aimed at treating the presenting problem. Wirth is clear that sociology is a science, but not one that should be divorced from problems of everyday life. While Wirth attempts to demarcate clinical sociology from social work, his attempt fails to separate the role expectations of the two disciplines; " . . . but this is not equivalent to saying that sociology is identical with social work, any more that physics is identical with engineering or physiology with medicine" (p. 9).

Wirth's focus was on the development of child guidance clinics and the inclusion of clinical sociologists in those clinics. Thought Wirth stated that the roles of clinical sociologists were developing, "the scope of the sociologist's activities remains to be more precisely defined as their experiences in these clinics accumulate," he does offer three possible role expectations for them (p. 18). First, the clinical sociologist "might devote himself exclusively to research." While this is certainly a role expectation for sociologists, psychologists, social workers, and psychiatrists, it is difficult to see how it is particular to clinical sociologists, except in their theoretical perspective. Second, the clinical sociologist "might act as a consultant to the other members of the staff." Again, while clinical sociologists certainly have this role expectation, it is not particular to clinical sociology, except in theoretical perspective. Finally, Wirth states that the clinical sociologist "might directly participate in the study of cases and in their treatment." With this role expectation, Wirth fails to separate the clinical sociologist from the social worker. Ultimately, Wirth indicates that the role of the clinical sociologist in the clinic is

not to displace or to become competitive with other professionals, “but to enrich the resources of these clinics through the introduction of a point of view,” such as that gathered from sociological theory and the sociologist’s sociological imagination.

Straus (1979) argues that clinical sociology re-emerged in the early 1970s after languishing during the Great Depression, World War II, and through changes within the discipline of sociology itself. Straus indicates that clinical sociology remains well outside mainstream sociology, despite its re-emergence, due to the commitment of most sociologists to academic work. Consequently, the careers for sociological practitioners outside academia have focused on roles such as researcher, consultant, and program evaluation specialists. Straus disagrees with this limited view of sociological practice. He argues that consumers of clinical sociologists’ services may include individuals, families, organizations, and even nations. However, Straus indicates that clinical sociologists should limit their scope to individual casework much like the focus of clinical social workers, psychiatrists, and psychologists, providing problem-solving interventions rather than consultation, research analysis, or program evaluation.

Straus (1979) then moves to a discussion of role expectations of clinical sociologists. Role expectations for clinical sociologists cited by Straus include for the clinician to focus on the social conduct of individuals, their relationships, socialization, role behavior, their social construction of reality, and the use of the self, all within a theoretical framework based in the science of sociology. Straus argues that professional boundaries with other disciplines will remain “fuzzy” because they are artificial, but what makes the sociological practitioner different is their use of sociological theory in their practice. The goal here, according to Straus, is for clinical sociology to not be

competitive with other disciplines, but for clinical sociologists to provide a contribution to the treatment of individuals with social problems and problems of personality. This sounds much like the argument that Wirth proposed in 1931, except Straus envisions clinical sociologists as doing more hands on work with individuals. However, when Straus asks the question of what clinical sociologists do, he falls back on the theoretical assumptions of Wirth that clinical sociologists conduct "non-academic research, clinical training, and clinical work" as staff in institutions or as private practitioners. On the surface, this does not appear to be any different from the work of counselors, psychologist, or social workers, except in the sociologist's theoretical perspective. Unfortunately, Straus does conclude that many clinical sociologists in private practice use the title of "counselor," "marriage and family therapist," or "hypnotist." This is unfortunate, according to Straus, because these practitioners often lose their sociological perspective in their practice.

Swan (1980) reported that for some time sociologists have been working in a variety of settings. According to Swan, these practitioners have been applying sociological knowledge and methods in efforts to ameliorate mental health issues, promote community development, and acting as organizational change agents. It is clear that clinical sociologists have expanded their roles from the days of Wirth (1931) to include: teaching in university departments of sociology and social work, providing clinical services in psychiatric hospitals and outpatient clinics, working in community health centers, working in child guidance clinics, engaging in private practice, working in public and private schools, working in state youth agencies, working in juvenile justice facilities, working in prisons, teaching in medical schools, working with the courts and

attorneys, working in probation and parole departments, working as consultants in industrial settings, and working in churches as family therapists. Swan also listed many role expectations of clinical sociologist including: interviewing consumers, assessing consumers, diagnosing social problems, providing counseling and sociotherapy, conducting research, training other professionals, supervising paraprofessionals, consulting on the micro and macro levels, and participating in program and community development activities. Swan is careful to specify that all of these role expectations be performed by a sociologist that is both a scientist and a practitioner. Clinical sociologists are reported to use case history methods, unstructured and structured interviews, and make systematic observations of the consumers of their services (Swan, 1980). These methods are strikingly similar to the methods used by social workers, counselors, and psychologists, but these professionals lack a sociological perspective and imagination.

Munson (1982) compares and contrasts sociology and social work with a practical perspective in mind. One focus for Munson is the differences in the unit of analysis for each of these two disciplines. Historically, clinical sociologists are more focused on macro level phenomena, and social workers are more focused on micro level phenomena. However, Munson cites activities of each profession, focused on both micro and macro level phenomena. Another difference between the two professions, according to Munson, is that clinical sociologists tend to maintain objectivity and a scientific orientation, while social workers tend to be more subjective and hold less of a scientific orientation. Social workers are reported to have primarily a psychological theoretical view, but are know to employ theoretical perspectives from sociology and other social/behavioral sciences. On the other hand, while clinical sociologists maintain a theoretical perspective grounded in

sociology, Munson indicates that sociologists have not produced any theories based on intervention strategies to change human behavior. Licensing is seen as a difference between the two professionals. While social work has pursued licensing, clinical sociology has not engaged in such efforts. The last comparison between social work and sociology made by Munson surrounds the type of students entering in Schools of Social Work and Departments of Sociology. Munson reports that the vast majority of students entering into Schools of Social Work aspire to engage in direct practice after graduation on the bachelors, masters, and doctoral level. In sharp contrast, the majority of students entering into Departments of Sociology desire to enter academic careers.

Dunham (1982) reported on the nature and function of clinical sociology. Dunham argues that the nature of the clinical sociological enterprise is the analysis of the human personality as a social unit in the context of a larger social system. The function of clinical sociology, according to Dunham, is to analyze the impact social processes on human experiences, and human experience on social processes. The need for clinical sociology, apart from clinical psychology and social work, is to discover social factors that are paramount for explaining deviant behavior. In essence, clinical sociologists supplement the tasks of psychologists, social workers, and psychiatrists. For Dunham, the primary role expectation for clinical sociologists is to provide rehabilitative and corrective interventions for changing human behavior in socially approved directions. Secondary roles for clinical sociologists are reported to include examining the impact of personality on the social order, and the study of problem personalities.

Freedman (1982) sought to define what clinical sociology is and what it is not. He concluded that clinical sociology is practice oriented, focused on case studies, works

on all levels of analysis, is diagnostic, is changed oriented, is humanistic, attempts to comprehend the social factors that impact individuals, considers broad social trends, uses a sociological imagination, leads to behavior change, and has a radical ideological cast. Freedman also states that clinical sociology is not academic, intra-psychic, biochemical, value-free, accepting of the ideological basis of the client's reality, culture-free, conservative, and does not rely on a single ritualistic set of techniques. Ultimately, Freedman makes the case that some clinical sociologists are just as qualified to engage in psychotherapy as clinical social workers, clinical psychologists, and counselors.

Black and Holman (1986) define clinical sociology and counseling sociology. For Black and Holman, the clinical sociologist is concerned with intervention and is the application of sociological knowledge for positive social change, the application of the sociological perspective and concepts in problem-solving intervention at all levels of analysis. This definition includes the provision of counseling and is broader than a medical model conception of clinical practice. These authors define counseling sociology as the practice of providing therapeutic intervention to individuals, families, and groups, in public or private practice settings. Important to the development of clinical and counseling sociology was certification. Black and Holman reported that 49 sociologists were certified as a "certified clinical sociologist" at the time their article was published. Furthermore, Black and Holman stated that many of the clinical and counseling sociologists in Texas were able to obtain licensure as a Licensed Professional Counselor (LPC). Various examples of "real-life" clinical and counseling practitioners were reported to perform roles as individual and group therapists, directors of social services, and managers of various firms.

Ellis (2000) reported on the benefits of certification of practitioners and academics. One of these benefits is that clinical sociologists who are certified may make the claim that they have passed a rigorous peer evaluation. Certifications also assist in impression management when interviewing for positions in organizations. In addition, certification helps create a sense of safety for consumers that practitioners are competent. For clinical sociologists who work in academia, certifications assist in developing outstanding practice programs, adding to the prestige of their programs. Finally, Ellis cites that academic clinical sociologists who are certified can be an important role model for students seeking certification after graduation.

Summary. The term clinical sociology has been in use since 1931. It appears that its definition has become clearer as the field has developed, but little data can be found confirming the roles and associated expectations found in the literature. Black and Holman brought to awareness the sub-specialty of counseling sociology; however, we are unclear of the role and role expectations counseling and clinical sociologists have today. There appears to be gaps in the literature concerning clinical sociology, the fields' practitioners, and their current roles, role expectations, certifications, and licensure.

Applied Sociology

Ward (1906) was one of the first authors to use the term "applied sociology" in his book entitled Applied Sociology. Ward stated, "just as pure sociology aims to answer the questions what, who, and how, so applied sociology aims to answer the questions what for" (p. 5). Ward advocated for the applied sociologist not to be a government worker, politician, civic leader, social reformer, or a sociologist that applies sociological principles, but a sociologist that seeks "only to show that they may be applied" (p. 9). In

addition, a review of journals in existence during that period reveals that a journal entitled Applied Sociology was published from 1921 to 1927; its name was eventually changed to Sociology and Social Research (Fritz, 1989). Since that time, much has been written about the practical use of sociology, which is now included under the rubric of sociological practice.

Street and Weinstein (1975) identifies four possible models for applied sociological work to be based upon. The first is the social engineering model. Street and Weinstein indicated that this is the traditional model for applied work, and will likely continue to serve in this capacity. More specifically, in this model, a problem is identified and specialists are enlisted to assist in solving the problem. However, Street and Weinstein report that the social engineering model tends to be "mindless, adapted too greatly to the problem definitions of the client" (p. 69). Within this model, sociologists have little control over the kinds of data they analyze, or the uses for which the data will be used by the client.

The second model is radical sociology. With this model, the sociologist is hypercritical of the current establishment. Conflict theory is emphasized and one's praxes are enhanced. While Street and Weinstein indicate that, much useful sociology has been and will continue to be done with this model, it to has problems. First, this model fails to consider other important sociological variables such as social stability and consensus. Second, it partials out a great amount of social phenomena because social class and their associated exploitative relations are emphasized. Finally, the work of sociologists using this model is likely to be discredited due to accusations of political biases.

The third model is that of enlightenment. Applied sociologists working within this model avoid providing answers directly to clients. Instead, research results are placed in context by the sociologists, and used to "enlighten" clients in a broad way. Street and Weinstein indicated that this model avoids many of the problems of the other models, and appears to be ideal; however, users of the model tend to be overly committed to the status quo because sociologists are in close contact with elite groupings.

Finally, Street and Weinstein propose a mixed model and taut it as the most ideal. Here, applied sociologists can open themselves up to explore many types of problems without forcing them into a narrower model. If one of the tests of a good applied sociology is to assist in humane and effective decision-making, this model, according to Street and Weinstein (1975) meets that test. A second test of a good applied sociology is whether it can assess the effect of social institutions on the clients served; this model is flexible enough to accomplish this goal as well. Street and Weinstein propose a third test of a good applied sociology, can it improve existing social institutions. These authors argue that a mixed model can accomplish this as well because it incorporates principles from radical sociology.

Gelfand (1975) examine the challenges of applied sociology concerning its ability to move the discipline of sociology forward during a time of increasing competition for academic positions. The author states that many "helping" professions such as community social work, community psychiatry, and community psychology have taken an interest in sociological perspectives. Gelfand proposes that sociologists begin to define their relationship to these disciplines, which are engaged in applied efforts as well. Ultimately, Gelfand argues that applied sociology may find its niche in community

planning, program implementation and evaluation, and by sharing their expertise with research methods.

Lefton and Uyeki (1978) provide a status report on applied sociology by focusing on its development and its dimensions. These authors contend that applied sociology has developed because sociology itself has matured as a science, and is now able to produce findings that are useful for practical applications. Second, there is great utility in many sociological concepts that can be used in a similar fashion as those from economics. Third, the population is steadily increasing, and people are using more resources. Fourth, there is a need for data to inform policy makers in order for rational decisions to be made, fifth, movements by minorities for liberation. Finally, Lefton and Uyeki content that applied sociology has developed because of the "drying up" of academic positions for sociologists.

Next, Lefton and Uyeki (1978) lay out their perspective on the dimensions of applied sociology. They argue that there is no consensus concerning the methods that are most useful for the practical affairs of business and governance. However, they identify three considerations that help define the scope of applied sociology. First, the authors point out several ethical and valuational considerations. These may include who is served by sociological knowledge, how are findings presented, and what are the rules for interpretation of those findings. In essence, does the field have a policy stance with respect to the publication of applied materials? Second, there are pragmatic considerations. This set of considerations include how to apply sociology, what are the specific procedures and techniques, and what are the consequences of the applied

sociologist being an independent consultant or a member of a university's faculty. Third, there are methodological considerations. The applied sociologist must consider what methods they will employ, how those methods are different from those used in basic scientific sociology, and to what extent is the problem affected by an applied orientation.

Even though applied sociologists must give thought to the above special considerations when they engage in applied work, Lefton and Uyeki point out that applied sociology has much in common with other specialties in the discipline of sociology. First, applied sociologists use sociological theory to draw basic concepts and ideas. Second, applied sociologists have a commitment to using socially defined units of behavior influencing more micro level units. Finally, applied sociology has a commitment to the scientific method, as do all specialties within the science of sociology. The key differences between applied sociology and other specialties of sociology, except other forms of sociological practice, is that applied sociology seeks to solve problems by applying sociological knowledge, and not increase the disciplines theoretical base. In addition, applied sociology is focused on "real world" problems, unlike the abstract nature of basic scientific sociology (Lefton & Uyeki, 1978).

DeMartini (1979) sought to clarify the nature of applied sociology. DeMartini argued that there are two types of applied sociology. The first type is concerned with methods. Here, what are applied are the various methods and research techniques used in sociology. The second type is concerned with concepts. This is the application sociological theory to social problems and policy. While DeMartini makes an important observation about the nature of applied sociology, it is difficult to see clearly how methods can be separated from theoretical applications during any applied endeavor.

Later in 1983, DeMartini attempts to refine the definition of applied sociology by surveying practice patterns. DeMartini argues that an applied sociologist is a person who holds a graduate degree in sociology and is primarily employed in a non-academic setting. However, this definition does not adequately distinguish the applied sociologist from the clinical or counseling sociologist. Nevertheless, DeMartini utilized survey research techniques to collect data from the Pacific Sociological Association, Clinical Sociological Association, Society for Applied Sociology, and the American Sociological Association's Sociological Practice Section. The author received 152 responses from sociological practitioners as defined by the above definition. Out of the total respondents, 52 % (n = 80) held the Doctor of Philosophy degree. Considering just the Ph.D. level respondents, 60 % (n = 48) indicated that their primary work activity was research, 13.8 % (n = 11) indicated administration, 5.0 % (n = 4) indicated consulting, 6.3% (n = 5) indicated program planning, 3.8 % (n = 3) indicated writing and editing, and 11.3 % (n = 9) indicated counseling as their primary work activity. In addition, 40 % (n = 32) indicated that their non-academic employers were non-profit organizations, 5.0 % (n = 4) indicated the federal government, 15.0 % (n = 12) indicated state and local government, 15.0 % (*n* = 12) indicated being self-employed, and 25.0 % (n = 20) indicated business and industry as their primary work settings. Of importance, slightly over half of the respondents in DeMartini's study indicated research as their primary work activity.

Lyson and Squires (1984) collected data on Ph.D. level applied sociologists' specializations and primary work activities from their employers. Of the employers responding (n = 65), 63.1 % (n = 41) were non-profit organizations, 16.9 % (n = 13) were

private companies, and 20.0 % (n = 11) were federal or state government agencies. These employers indicated that the applied specialties of sociologists that are of most use to them are as follows: 89.2 % indicated research methods, 78.5 % indicated statistics, 43.1 % indicated demography, 26.2 % indicated criminology, 20.0 % indicated medical sociology, 20.0 % indicated social stratification, 13.8 % indicated race and ethnic relations, 13.8 % indicated sociological theory, and 38.5 % indicated a collection of specialties (other) including social psychology (n = 3), family (n = 3), education (n = 3), law (n = 2), organizations (n = 2), environment (n = 3), rural (n = 2), youth (n = 1), housing (n = 1), women s studies (n = 1), gerontology (n = 1), urban (n = 1), deviance (n = 1), social psychiatry (n = 1), religion (n = 1), and social change (n = 1). This data indicates that the perceived role expectations of applied sociologists to potential employers are research methods and statistics.

Lyson and Squires (1984) next reported on the primary work titles of Ph.D. level applied sociologists. Of the 134 employers responding, seventy-two unique titles were generated. The most prevalent titles were research associate (n = 14), research scientist (n = 13), and project director (n = 9). Only 12.5 % (n = 9) of the titles indicated a clear need for sociological expertise; such titles included research sociologist, demographer, and social psychologist. This data indicated the competitiveness of applied sociologists with other social and behavioral sciences for non-academic positions.

Finally, Lyson and Squires (1984) report on the frequency of tasks performed by applied sociologists for employers. The top nine tasks are listed in descending order of frequency: writing and editing for non-academic publications, applied research, project planning and development, project administration, attending professional meetings and

conferences, writing for academic publications, computer programming and statistical analysis, conduct training seminars, and engaging in basic research. Again, it appears that applied sociologists are in competition with other applied social and behavioral sciences for these positions, which frequently do not require any specific sociological expertise.

Black and Holman (1986) revisit Ward (1906) and state that applied sociology was never intended to apply sociological knowledge, but is program evaluation and policy research. These authors argue that Ward never intended for applied sociology to engage in direct intervention, stating that this is not the role of applied sociologists, but of clinical and counseling sociologists. This definition is inconsistent with other definitions mentioned in this paper who argue that applied sociology is the application of sociological knowledge. The heart of the inconsistency is that they (Street & Weinstein, 1975; DeMartini, 1979; Lefton & Uyeki, 1978; Steele, 1994) would propose that applied sociologists indeed do provide direct interventions to consumers.

Steele (1994) further defines "what is applied work," and proposes some future directions for applied sociologists. According to Steele, applied work is "any use (often client-centered) of the sociological perspective and/or its tools in the understanding of, intervention in and/or enhancement of human social life" (p. 2). Though Steele claims to use Ward (1906) as a benchmark for his definition, his interpretation appears to be inconsistent with that of Black and Holman (1986). Nevertheless, Steele indicates that applied sociologists do utilize sociological theory in their practice and adhere to the scientific method. Steele urges applied sociologists to clarify their purpose, skills, and strengths so that potential employers can take note of them. In addition, the author

encouraged existing applied sociologists to promote the field of sociological practice to young students of sociology; to operate on the micro, meso, and macro levels; and to pursue aggressively their work labeling it applied sociology.

Summary. Wimberely (1998) simply states that applied sociology is what sociologists do for non-sociologists. These tasks may include teaching and applying research to solve problems in the public, private, and interpersonal sectors. However, many of the definitions proposed by applied sociologists are in contrast to Lester Ward's (1906) definition. Several sociologists have indicated that the primary task of applied sociologists is doing applied research and program evaluation, while others include direct intervention, similar to the work of clinical and counseling sociologists. One common thread among the reviewed literature is that applied sociology engages in the use of the scientific method and relies upon sociological theory as its guiding framework.

Conclusions

In general, the definitions found in the reviewed literature are ambiguous and vague, leading to ambiguous and vague role expectations for sociological practitioners. While some authors have indicated that ambiguity concerning definition is strength for developing fields of practice, other authors argue that the field has matured and is in need of a clear definition. These same authors claim that clear role expectations are needed so that potential employers can perceive practitioners accurately when considering them for various positions. The majority of the literature written about general sociological practice, clinical sociology, and applied sociology concludes that sociological practitioners use the same scientific method, as do all social and behavioral science practitioners, but rely on sociological theory as their guiding framework for practice.

This appears to be the distinguishing characteristic between sociological practitioners and other practice-orientated professionals such as social workers, psychologists, and counselors.

Both applied and clinical sociology has been discussed in the literature since the early 1900's as separate fields; they both claim to encompass the other in their sub-specialization s definition and scope of practice. However, there appears to be some consensus that applied sociology is mostly program evaluation and policy research, where clinical sociology is using sociological knowledge to provide direct intervention to individuals, families, and small groups. Black and Holman (1986) renamed this counseling sociology to reflect more accurately the practice of these sociologists. Nevertheless, there appears to be a great deal of role ambiguity to "orthodoxed" sociologists and the public; consequently, clinical sociology remains on the fringe of mainstream academic sociology. Furthermore, there is no current data on sociological practitioners' practices; the clarity of their perceived role expectations; practitioners' perceptions concerning the differences between sociological practice, counseling practice, psychological practice, and social work practice; and the way sociological practitioners perceive their work as being sociological in nature.

CHAPTER III

THEORETICAL FRAMEWORK

Leong and Zachar (1991) stated that there is a difference between applied scientists and clinical practitioners in the social sciences. These differences may lie with training, role requirements and expectations, or personality characteristics. Research in this area has been conducted using mostly psychological models (Leong & Zachar, 1991; Zachar & Leong, 1992). However, this researcher uses a social psychological model from a sociological perspective to define and investigate differences among sociological practitioners. Specifically, symbolic interactionism (Mead, 1935; Kuhn, 1954; Blumer, 1969) is used as a beginning point, and is built upon by role theory (Linton, 1936; Sargent, 1950; Sarbin 1954, 1968).

Theoretical Frame of Reference

George H. Mead (1934) in Mind, Self, and Society formulated a theoretical perspective that linked the human mind, the social self, and structure of society to social interaction which was later termed symbolic interactionism by Herbert Blumer in 1937 (Blumer, 1969). For Mead, the human mind had the capacity to use symbols to designate objects in the environment, to rehearse lines of action towards these objects, and select appropriate lines of action towards these objects from those rehearsed. In addition, Mead proposed that humans could designate others in the society as objects (Turner, 1998).

Just as Mead argued that humans could designate others in the society as objects, he suggested that humans could also symbolically designate themselves as objects (Mead, 1934). This creates the ability for humans to communicate symbolically, facilitates cooperation between people, and helps humans engage in self-assessment. Mead believed that humans went through three stages in the development of the self. The first is that of play. In the play stage, humans are only capable of assuming the perspective of a limited number of others. Second, is the game stage. In the game stage, humans are capable of creating multiple self-images and cooperating with groups of individuals engaged in coordinated activity. The final stage in the development of the self occurs when the person is able to take the role of the generalized other (Turner, 1998). Turner defines the generalized other as, "a community of attitudes evident in society." Mead argued that when people are capable of taking the role of the generalized other, they have obtained a normative orientation containing general beliefs, values, and norms of their society. Mead stressed that it is the generalized other that ensures the appropriateness of the interactions between people, and expands their ability to generate self-images based on community standards (Turner, 1998).

Mead stressed that the society represents a set of organized interactions among individuals. Mead suggested that this could not be accomplished without the mind, for it was the mind that gave humans the ability to conceive of social organization. For Mead, social organization was composed of individuals taking roles, rehearsing and choosing appropriate role behavior, symbolically communicating with others through role interaction, and keeping to the expectations of the society through the generalized other;

all of which would not be possible without the mind s ability to use symbols to designate objects (Mead, 1934).

Shortly after the publication of Mind, Self, and Society, Ralph Linton (1936), an anthropologist, distinguished between the concepts of role status, and the individual. Linton argued that individuals only occupy a status, and usually in relation to other statuses. When individuals enact the duties of the socially assigned status, they are performing a role. It is evident that early in role theory's development, the role was a product of the interaction between one's social status or position, and role expectations. Furthermore, it appears that Linton was able to further Mead's theory by distinguishing between social status, role expectations, role enactments, and performances. To make these arguments, Linton was in-tune with Mead's idea that the human mind was able to interpret the role expectations of society before engaging in role enactments and subsequent performances (Turner, 1998).

Theodore Sarbin, in the first edition of the Handbook of Social Psychology (Lindzey, 1954), provides one of the first comprehensive descriptions of contemporary role theory. Sarbin states that role theory rests upon many assumptions of symbolic interactionism, but departs from the symbolic interactionist tradition in two ways. The first is the introduction of the concept of a role. In role theory, the unit of culture is called a role, the unit of society is called a position, and the unit of personality is called the self. Second, role theory departs from the symbolic interactionist tradition by addressing the interaction between the role and the self. Generally speaking, role theory

views human action as the product of the interaction between the self and one's role (Sarbin, 1954). Conceptually, it is important to note that individuals do not fill roles, but instead fill social positions that individuals may temporarily occupy. In addition, according to Sarbin, the individual has varying internal qualities, such as traits, values, or attitudes, which result from an individual's participation in their resident culture and is called the self.

Role theory also proposes that while individuals hold particular positions, and when individuals enact associated roles to these positions, role expectations develop. Role expectations can be either actions or qualities. Role expectations as actions are those performances that are observable, and are easily measured by questionnaires; role expectations as actions are considered in this research. Usually these types of role expectations can be conceptualized by action verbs such as housework, community participation, or social intervention (Sarbin, 1954). Role expectations as qualities are not so easily observable, and are conceptually defined as traits, values, or attitudes (Sarbin, 1954; Sarbin& Allen, 1968), but may also be studied empirically through the use of personality inventories (Naboisek, 1953). Role expectations as qualities are measured in this research as perceived competencies.

Sarbin and Allen (1968) identify four dimensions in which role expectations vary. First, role expectations may be very specific for certain roles such those found in the military, and deviations from these expectations may elicit severe sanctions. Conversely, role expectations may be very general, providing broad guidelines for one's action giving the occupant of the position a great deal of latitude when considering appropriate

behavior. Second, role expectations also vary in their scope and extensiveness. Some social positions may have associated role expectations that are very restrictive, having relevance to only a small portion of the occupant's life. On the other hand, some role expectations may apply to a large portion of the occupant's life, for example, the expectations of sex. Third, role expectations vary along the dimension of clarity, ranging from very clear to very unclear. Returning to the example of military officer, role expectations of that particular social position are quite clear; where as those of sociological practitioners may be unclear. Finally, Sarbin and Allen (1968) stated that role expectations vary as to the degree of consensus among other persons observing the occupant of the particular position. For example, some people may report that the role expectations of sociological practitioners are widely agreed upon, while other people may report that the role expectations of this particular social position are defuse, ambiguous, and inconsistent across practitioners (Sarbin & Allen, 1968). This form of role expectation may be conceived of as a competency.

Turning from the concept of role expectations, the relationship between a social position and various role requirements deserve attention. As stated earlier, a social position locates its occupant in the social structure. Individual actors must consider the positions of others in the social structure. This location is always in flux, alternating, changing, and is an interactive affair within the individual's network of social positions. One must identify the other by their various role expectations, such as actions and inferred qualities. At the same time, a decision concerning their social position is made. Based on this social position, the occupant of the position must choose from their

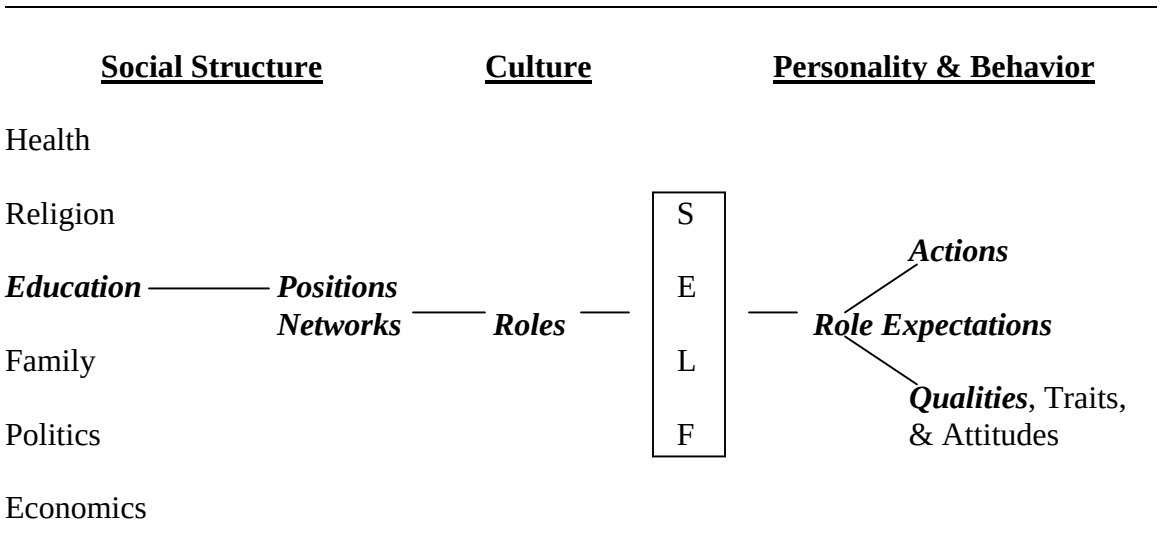
repertoire of roles that are culturally sanctioned as appropriate for their particular position in the current social structure. Theoretically, the individual now has located the self in the social structure, and can decide upon the roles that are appropriate for that particular social position (Sarbin & Allen, 1968).

This leads to the need for clear specifications for the concept of role. However, researchers have criticized role theory for the vagueness of its central concept, the role (Borgatta, 1960; Neiman & Hughes, 1951). Ultimately, a role is a collection of behaviors, or actions that adheres to a particular social position, and is culturally sanctioned or accepted in the particular culture in which the position occupant resides (Sarbin & Allen, 1968). This implies that roles are learned through a socialization process (Heine, 1971). Heine points out that this socialization process begins with a person s immediate significant other early in life, and progresses to the generalized other. At the point where roles are socialized through the generalized other, one moves from mere imitation to the internalization of common meaning through symbolic communication (Heine, 1971). Kuhn (1954) and Stryker (1980) thought that this socialization process was continual, and provided constant feedback in shaping the individual actor's conduct. However, Turner (1985) argued that culture only provides a set of loose guidelines for role performances, and that people must engage in role making. Consequently, Turner stated that people give others around them cues indicating they have taken a particular role, and are engaged in the performance of that particular role in a socially sanctioned manner (Turner, 1985).

Explanation of Model

The general model for this dissertation is primarily built from role theory. Using the occupational role as an example (Heine, 1971), researchers can trace the identification and learning of social positions to the six social institutions. These social institutions socialize people in efforts to facilitate the identification of role expectations that are associated with a particular occupational position. Once a person occupies a particular occupational position, they are located in the social structure. In addition, the person has various role expectations while occupying the particular occupational position that they are expected to enact by the generalized other or the community at large.

Figure 1. General Model Diagram.

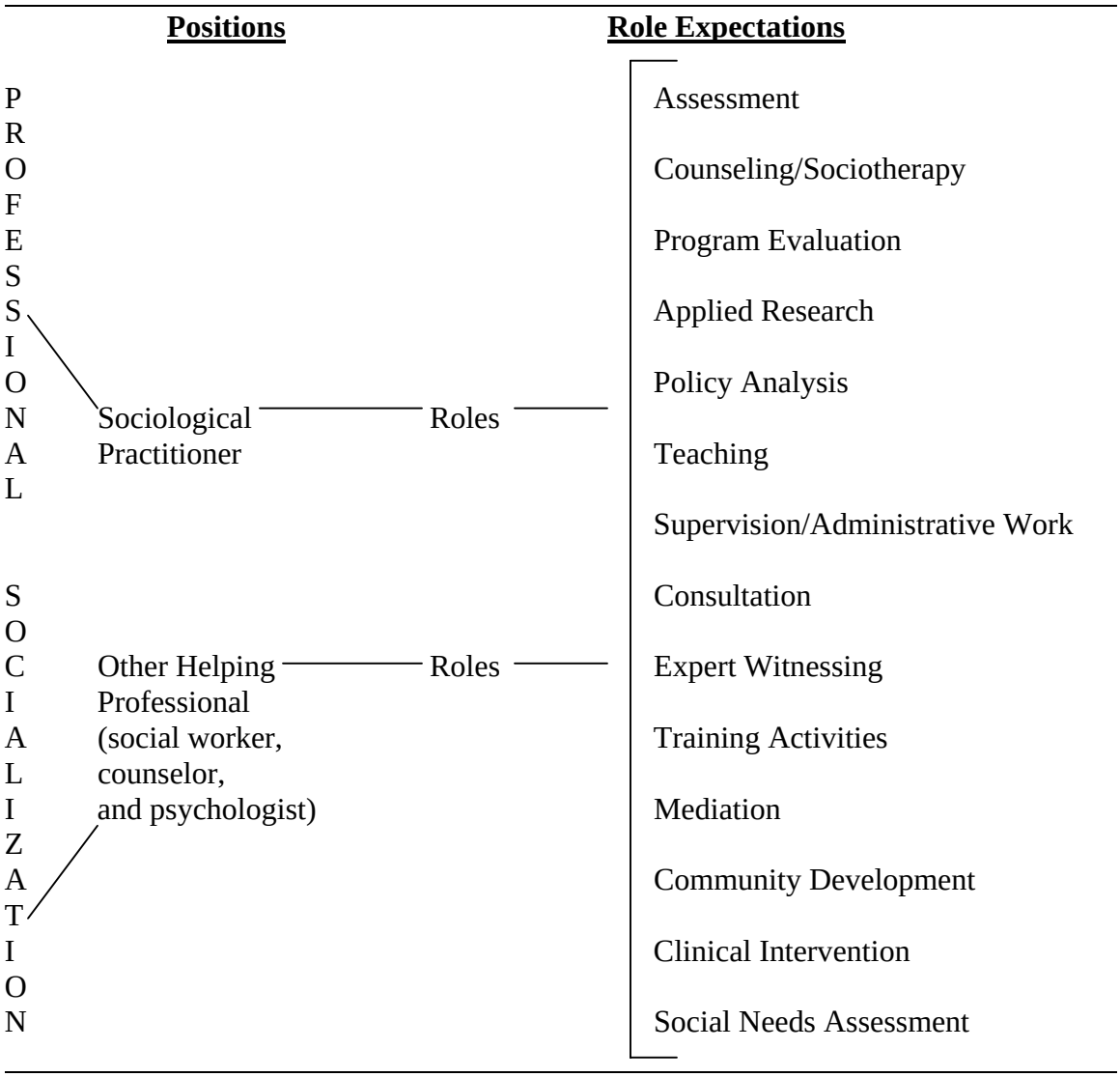


Model

The specific model for this dissertation only considers certain aspects of the above-described general model. Specifically, the social institution of education is considered as a socializing agent that assists in occupational choice, for example, that of

sociological practitioner. In addition, professional socialization helps identify the expectations associated with the position of sociological practitioner. This position has associated roles, which are specified through role expectations. Role expectations can be overt behaviors or actions, attitudes, personality traits, or qualities. This research considers both role expectations as actions and qualities (competencies) of sociological practitioners.

Figure 2. Specific Model Diagram.



Theoretical Propositions

From the above model, the following propositions are derived and are of concern for this dissertation. First, to the extent that role expectations are unclear and ambiguous, behavior will be less readily predictable. Second, to the extent that role consensus exists for a particular position, the actor will be able to distinguish the position from other positions. Finally, to the extent that an actor has been socialized into a particular position, including the philosophy and methods of that position, the actor will be able to identify accurately their position in the social structure (Sarbin & Allen, 1968). Since the model indicates that socialization is paramount in identifying one's position and associated role expectations, it is expected that sociological practitioners with an interdisciplinary education may engage in activities other than sociological practice, and are more likely to have ambiguous role expectations. Ambiguous role expectations are likely to lead to ambiguity between the roles of sociological practitioners and other helping professionals in the social and behavioral sciences such as social workers, counselors, and psychologists. Consequently, the professional behavior of sociological practitioners may not be very predictable.

Definition of Terms

Socialization. Sarbin and Allen (1968) pointed out that role expectations are acquired through socialization and enculturation experiences, and link role expectations to social positions. Sarbin ultimately defines socialization as a process of social learning in which various cues are associated with social positions. Heine (1971) stated that socialization is "the derivation of the self, or personality, through social process, through

cooperative activity, and through identical reactions of the self and others . . .” (p. 67). Heine cites the occupational role as an example that one can trace correlates of income (economics), kinship (family), church affiliation (religion), political affiliation (politics), occupational training (education), and one’s health status (health) from the socialization process.

Position. Linton (1936) indicated that a position is a status, separate from the individual who may occupy the status, constituting a collection of rights and duties. Sarbin (1954) stated that a position is a, “cognitive organization of expectations, a shorthand term for a concept embracing expected actions of persons enacting specified roles” (p. 225). Turner (1998) points out that one’s position locates them in the social structure, which is a network of positions, a corresponding system of expectations, and patterns of behavior that are enacted to met the expectations of the particular position.

Role. The concept of role has been criticized for being vague and unclear (Neiman & Hughes, 1951; Sarbin, 1954). However, since those criticisms have been levied, researchers who use role theory have greatly improved the terms specification. Sargent (1950) defines a role as, “a pattern or type of social behavior, which seems situationally appropriate to the individual in terms of the demands and expectations of those in his groups” (p. 279). Sarbin and Allen (1968) stated that a role, “is a term borrowed directly from the theater, [and] is a metaphor intended to denote that conduct adheres to certain ‘parts’ (or positions) rather than to players who read or recite them” (p. 489). Stryker (1980) stated that roles are social phenomena, and that the term is used to define the expectations, which are attached to positions. Argyle (1989) states that a role

is, “a pattern of behavior typical of the people in that position, and the behavior, which is expected of them” (p. 200); for the purposes of this dissertation, the definition offered by Argyle (1989) is accepted. However, it should be stated that the word “behavior” in his definition denotes both actions by the actor and qualities of the actor.

Role expectations. ‘Role expectations are comprised of the rights and privileges, the duties and obligations, of any occupant of a social position in relation to persons occupying other positions in the social structure” (Sarbin & Allen, 1968, p.497). Role expectations take the form of actions and qualities. “Role expectations as anticipated actions or performances can be studied by means of questionnaires” (Sarbin, 1954, p. 227). “Role expectations as qualities or attributes rather that as actions or performances may also be studied by empirically” (Sarbin, 1954, p. 228); Sarbin (1954) is clear that role expectations are observable phenomena that can be measured with questionnaires. Lastly, Donahue and Harary (1998) stated that role expectations are society’s expectations for how a person should act while occupying a particular position and filling a particular role.

Self. Kuhn and McPartland (1954) stated that the self is a collection of attitudes that guides and directs the individual’s behavior. Mead (1934) indicated that the self emerges through interaction with other objects. Furthermore, Mead stressed that the self is an object to itself. The self becomes emergent through language which is a complex system of symbols, that allows for reflexive communication between selves and with one s self. Kuhn (1954) proposed that researchers should employ empirical techniques in efforts to measure the self. Sarbin (1954) stated that the self is seen as, “an

organization of qualities at first unverbalized and unverbalizable, later verbalized in part by gesture or linguistic devices such as naming, self-drawings, or adjectives about the self" (p. 239). One should note that the concept of self is not the focus of this research.

Role enactment. According to Sarbin and Allen (1968), role enactments are the focus of study for social psychologists guided by role theory. Specifically, Sarbin and Allen (1968) define role enactment as the overt action that individuals display in social settings. Key to this definition is its focus on overt social action or one's role performance (Sarbin, 1954). According to Sarbin and Allen (1968), when a researcher is concerned with role enactment, the following should be questioned: "What are the positions of the others with whom the actor is performing? How effective is the actor in validating the occupancy of his status? What is the contribution of others to the enactment . . . ?" (p. 490). For the purposes of this research, there is a concern for the actor's effectiveness in validating the occupancy of his status.

Role clarity. Sarbin and Allen (1968) define role clarity as "the difference between the optimal amount of information needed about role expectations and the amount actually available to the person" (p. 503). The lack of clarity of role expectations directly affects one's role performance. There are three types of ambiguity concerning role expectations. First, there may be a degree of uncertainty and vagueness of role expectations. Second, there may be a lack of role consensus among occupants of complementary roles. Finally, there may be incongruity between the role performer's own expectations for the role and other's expectations for the role (Sarbin and Allen, 1968). This research is concerned with the first and second types of role clarity.

Role conformity. Role conformity is defined by Sarbin and Allen (1968) as the degree to which an actor adheres to the role expectations of the occupied position. Failure to conform to role expectations may result in sanctions to the actor such as removal from the position, especially if the position is achieved. Role conformity may occur even if the actor has no strong commitment to the role. This commitment may be possible because the actor is sensitive to the reaction of others (Sarbin & Allen, 1968). This research is concerned with the role conformity of sociological practitioners.

Role consensus. Role consensus is the degree of agreement concerning one's role expectations (Sarbin & Allen, 1968). Strong role consensus may lead to job satisfaction and increased productivity. The degree of "dissensus" may lessen the degree of role clarity, blur expectations, and result in inappropriate role performances (Sarbin & Allen, 1968). During the course of this research, role consensus is explored.

Role perception. According to Sarbin (1954), role perception is "the perception of roles is an organized response of a person to stimuli in a social context" (p. 229). Sarbin goes on to clarify by stating that one's "role perception may be thought of as a sequence of behaviors in which the perceptual response is the first part of a social act: the (usually) silent naming or locating the position of the other (from observed actions or inferred qualities), which serves to locate the position of the self" (p. 229). This research is specifically concerned with the role perceptions of sociological practitioners.

CHAPTER IV

METHODS

The research undertaken in this paper is exploratory in nature, but is still guided by a theoretical framework. Rubin and Babbie (1993) state that exploratory research is appropriate when the researcher is examining new interests, when the subject under examination is new and unstudied, or when a researcher wants to determine if a more detailed study is warranted. While several researchers have examined the nature of sociological practice, only one has used role theory as a theoretical framework (Van Horne, 1976). Furthermore, there are few research studies on the role expectations and role enactments of sociological practitioners; consequently, an exploratory study is appropriate.

This study is also descriptive in nature. Gay (1996) states that descriptive studies are designed to report on "the way things are" (p. 249). According to Gay, this type of research is frequently used to describe the attitudes, opinions, demographic information, conditions, and procedures of a given population. Usually, the data for descriptive studies are collected by using questionnaires, interviews, or observation. This study focuses on the perceptions and opinions of sociological practitioners that are members of the Sociological Practice Association, and uses the questionnaire method of data collection to answer research questions.

Nonetheless, exploratory and descriptive research has limitations. While new data concerning the demographics, perceptions, and opinions can be collected on a topic, often times the data will only hint at the answers to the research questions proposed, Rubin and Babbie (1993) state that this is an issue of "representativeness" (p. 108). One may question whether or not the data collected in this study is representative of all sociological practitioners. This limitation is partially addressed in this study because the entire population of a professional organization, the Sociological Practice Association, is under examination. This organization touts its self to have members from both camps of sociological practitioners, clinical and applied sociologists. However, this does not account for sociological practitioners that may be members of organizations other than the Sociological Practice Association, or may not be members of any professional organization at all. Furthermore, research designs utilizing survey methods often times suffer from low questionnaire return rates (Gay, 1996). This problem was addressed by utilizing e-mail transmission of the questionnaire when sending the instrument, and for its return.

Research Design

This study utilizes a survey research design. Ross and Grant (1996) indicate that a survey can be used to measure almost any characteristic of a population. Surveys are especially useful for collecting data on participants' demographics, attitudes, characteristics, and opinions (Gay, 1996; Ross & Grant, 1996) indicative of exploratory and descriptive research. Also, surveys are usually used when a population is too large to directly observe the characteristics that the researcher desires to measure (Rubin and Babbie, 1993) as is the case with members of the Sociological Practice Association.

However, survey research designs are not without problems. Survey methods only capture a snapshot of participants' attitudes and opinions; their responses could change with time and experience. In addition, survey methods are not able to show any form of causality; instead, only relationships may be indicated.

Procedures

This research study employs the use of a questionnaire to collect data on a population of sociological practitioners. The questionnaire was fashioned into a form that could be transmitted over e-mail while maintaining its integrity, and was piloted to several sociological practitioners who are members of the American Sociological Associations' Sociological Practice Section. All e-mail and electronic data was transmitted using Microsoft Outlook® Express, version 5.0. Adjustments were made to the questionnaire because of the pilot. A database consisting of e-mail addresses of Sociological Practice Association members was created, and a test letter was sent to all participants letting them know that they would soon receive a questionnaire for exploring the practices of sociological practitioners.

Next, the final version of the questionnaire was e-mailed to members of the Sociological Practice Association who had an e-mail address for their completion. All other members received the questionnaire by regular mail. Included in the mailings were a short description of the study and the purpose of the study, a statement of voluntary participation, and the questionnaire. The participants were asked to complete the questionnaire as soon they received the mailing, and return it to the sending e-mail address or use the return postage paid envelope to return the questionnaire. Once the

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returned questionnaires were received; they were printed, scored, and the results tabulated. Once the questionnaires were tabulated, the results were entered into the SPSS® for Windows, version 7.5, for analysis.

After three weeks, a second e-mail was sent to the participants that did not respond to the first e-mail. A letter encouraging them to participate and stating the importance of the study, the questionnaire, and voluntary participation form was included. The returned questionnaires from this second e-mailing were printed, scored, tabulated, and added to the SPSS database for analysis. Again, after three weeks, a third e-mailing was sent to all potential participants who had not responded to the first e-mailing. The returns from this e-mailing were printed, score, tabulated, and added to the SPSS database as before. Finally, after more three weeks, a physical mailing was sent to all non-responders. As before, these results were added to the database as well.

Instrument

The Sociological Practitioner Role Questionnaire (SPRQ) is a self-constructed questionnaire (see Appendix) based on questions from the General Social Survey and other professional organization's questionnaires. The face validity of the instrument is "good." The instrument is divided into 4 sections concerning demographics, role expectations, perceived role enactments, and general sociological practice questions. These 4 sections contain a total of 11 demographic questions, 36 5-point Likert-type questions, and 2 open ended questions for a questionnaire total of 49 questions. The demographic questions covered gender, age, income, level of education, self-identified sociological specialization, work setting, certifications, and licensure. Section two of the

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instrument listed 16 possible role expectations for sociological practitioners in terms of perceived competencies; participants were asked to select from *strongly agree*, *agree*, *undecided*, *disagree*, and *strongly disagree*. Section three of the instrument listed 16 possible perceived role enactments for sociological practitioners; participants were asked to select from *never*, *seldom*, *sometimes*, *frequently*, and *usually*. Section four contained four 5-point Likert-type questions concerning general sociological practice, asking participants to choose from *never*, *seldom*, *sometimes*, *frequently*, and *usually*, and two open ended questions about the nature of their sociological practice.

Techniques of Data Analysis

Descriptive data analysis techniques are used in this study. Parameters, not statistics, are used to describe the population of the Sociological Practice Association. The term parameter is used to refer to those descriptive techniques of data analysis when a population is under examination, as opposed to statistics, which is used when a sample drawn from a population is under examination (Gay, 1996). The major types of descriptive parameters used in this study are measures of central tendency, measures of variance, and measures of relationship.

The data generated in this study is on the nominal and ordinal levels of measurement. Consequently, parameters appropriate to those levels of measurement must be used. First, an effort was made to describe the population of the Sociological Practice Association, in addition to what is typical about its members. Frequency distributions are utilized to accomplish this task. Second, modes and medians of the data are presented to address measures of central tendency. Finally, cross-tabulations and gamma analyses are used to describe the relationships between ordinal level data. Bar

charts and crosstab tables are used to present this data in a visual format when indicated (Frankfort-Nachmias, 1997).

CHAPTER V

DATA ANALYSIS AND DISCUSSION OF FINDINGS

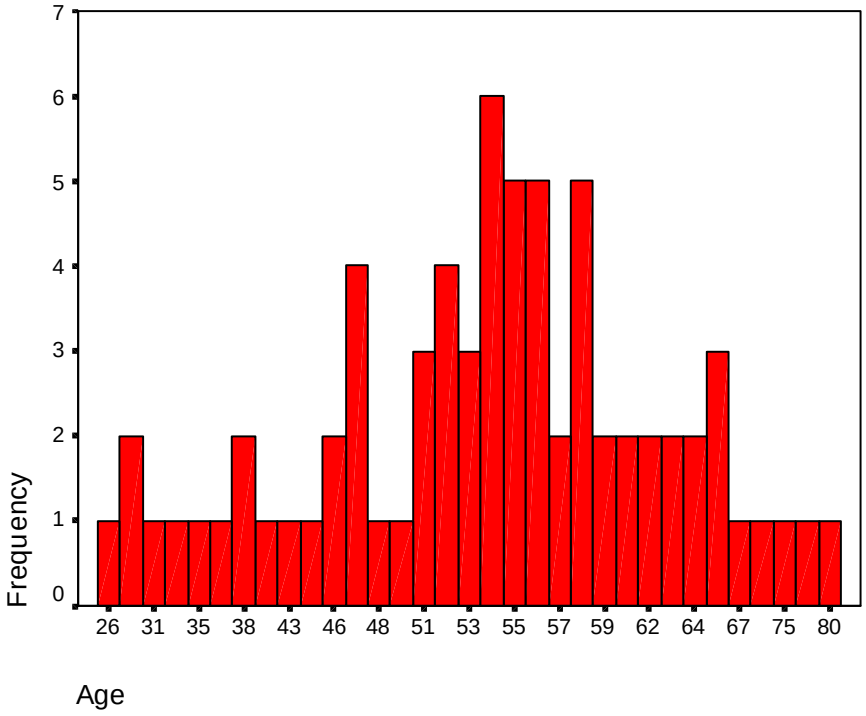
Findings from the Sociological Practitioner Role Questionnaire are divided into three sections: a description of the population under examination, an analysis of the data necessary to answer each research question, and an analysis of the data necessary to support or refute the three theoretical propositions listed in chapter III. Parameters used to describe the population include the mode, median, and frequencies. Parameters used to answer the research questions, and to support or refute the theoretical propositions include cross tabulations, gamma measures, and subjective qualitative findings.

Description of Population.

Questionnaires were sent to 143 potential participants who were all members of the Sociological Practice Association by regular mail and e-mail. The initial mailing was followed by three more mailings to all non-respondents after each prior mailing. These efforts produced a total of 92 responses, which equaled 64.3 % of the population under examination. Of those responding, 11.9 % (n = 17) refused to complete the questionnaire, 0.007 % (n = 1) returned a non-usable questionnaire, and 51.7 % (n = 74) returned a correctly completed questionnaire. Only 35.7 % (n = 51) did not respond to any of the efforts encouraging participation.

Of the 74 participants who returned useable questionnaires, 56.8 % (n = 42) were males, and 43.2 % (n = 32) were females. The modal age of the respondents was 54 years-of-age (see Figure 3). The respondents' median income from sociological practice ranged from $40,000 to $49,000 (see figure 4).

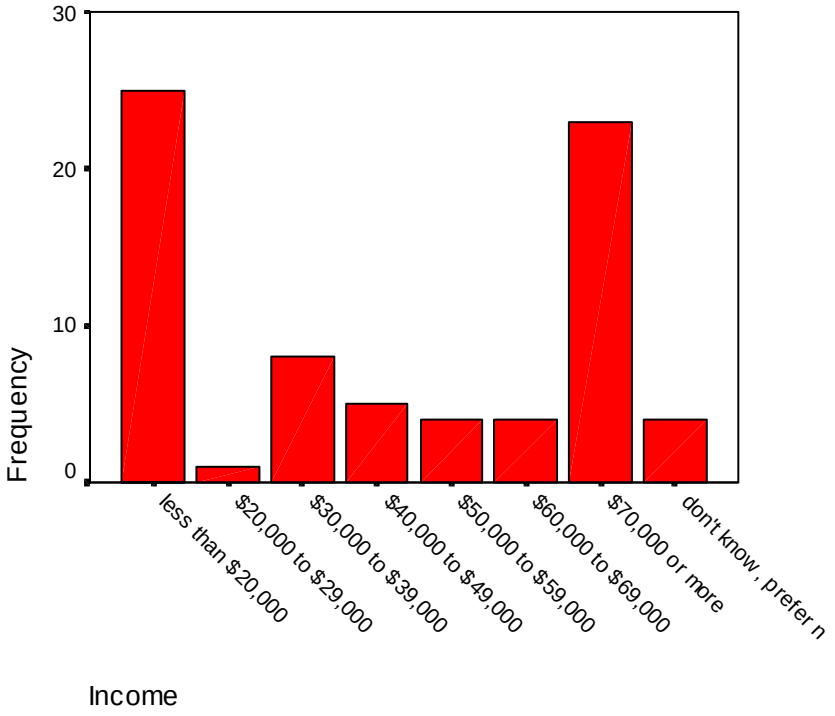
Figure 3. Frequencies of Respondents' Age.



Concerning the educational level of the respondents, 86.5 % (n = 64) reported to have a Ph.D., 10.8 % (n = 8) reposted to have a "masters + 30", and 2.7 % (n = 2) reported to have only a masters degree. Of the respondents who reported to hold a Ph.D., 70.3 % (n = 52) reported a major in sociology, 2.7 % (n = 2) reported a major in social psychology, 4.1 % (n = 3) reported a major in social work or social welfare, 4.1 % (n = 3) reported a major in organizational behavior, and 5.4 %

(n = 4) reported other majors. Of the respondents who reported to hold a "masters + 30" or a masters degree, 9.5 % (n = 7) reported to have a major in sociology, 2.5 %

Figure 4. Frequencies of Respondents' Income from Sociological Practice.



(n = 2) reported a major in social work or social welfare, and 1.4 % (n = 1) reported another major other than sociology, social psychology, social work or social welfare, or organizational behavior. In all 79.7 % (n = 59) of the respondents reported having a major in sociology (see table 1).

Concerning sociological specialization, 55.4 % (n = 41) of the respondents reported to be applied sociologists, and 44.6 % (n = 33) reported to be clinical sociologists. Out of the 74 respondents, 54.1 % (n = 40) reported hold a certification. Of the respondents indicating that they were certified, 36.5 % (n = 27) reported that they were certified in sociology. Other certifications held by respondents included social

work, psychology, counseling, and marriage and family therapy. Only 27.0 % (n = 20) of the respondents indicated that they had a license. Of the respondents who reported that they were licensed, 12.2 % (n = 9) reported to be

Table 1

Respondents' Educational Major by Educational Level

		Educational Level			
		Doctoral	Masters +30	Masters	Total
Educational Major	Sociology	52	5	2	59
	Social Psychology	2			2
	Social Work/Social Welfare	3	2		5
	Organizational Behavior	3			3
	Other	4	1		5
Total		64	8	2	74

licensed in social work, 5.4 % (n = 4) reported to be licensed in counseling, 8.1 % (n = 4) reported to be licensed in professions other than sociology, social work, psychology, or counseling.

Concerning primary work setting, 45.9 % (n = 34) reported the university setting, 12.2 % (n = 9) reported business or industry settings, 8.1 % (n = 6) reported public agencies, 8.1 % (n = 6) reported private practice, 5.4 % (n = 4) reported governmental settings, 2.7 % (n = 2) reported medical facilities, 2.7 % (n = 2) reported psychiatric facilities, 1.4 % (n = 1) reported group homes or residential facilities, and 13.5 % (n = 10)

reported other primary work settings including community colleges. Concerning secondary work settings, 18.9 % (n = 14) reported private practice, 6.8 % (n = 5) reported governmental settings, 4.1 % (n = 3) reported the university setting, 2.7 % (n = 2) reported medical facilities, 2.7 % (n = 2) reported private agencies, 1.4 % (n = 1) reported business or industry settings, 1.4 % (n = 1) reported correctional facilities, 1.4 % (n = 1) reported psychiatric facilities, and 13.5 % (n = 10) reported other secondary setting including community colleges.

Respondents' were also asked to indicate to what degree they thought of themselves as scientist-practitioners. Of the 74 respondents, 44.6 % (n = 33) "strongly agreed," 32.4 % (n = 24) "agreed," 13.5 % (n = 10) were "undecided," 5.4 % (n = 4) "disagreed," and 4.1 % (n = 3) "strongly disagreed". According to this data, the majority of sociological practitioners 77.0 % (n = 57) hold the opinion that they are scientist-practitioners regardless of primary or secondary work setting.

In summary, the typical member of the sociological Practice Association, based on this data is male, 54 years old, earns between $40,000 and $49,000 a year from sociological practice, and holds a Ph.D. in sociology. In addition, the typical member is an applied, not clinical sociologist. Furthermore, the typical member is likely to be certified in sociology, and not be licensed in any professional field. Primarily, the typical member works in a university setting, and secondarily in a private sociological practice. Lastly, the typical member of the Sociological Practice Association has a scientist-practitioner orientation to their practice as a sociologist.

Role Expectations as Qualities (Competencies).

The role enactments that respondents expected that sociological practitioners are

competent to perform, in acceding order from most competent to least competent, are listed in table 2. Of the 16 role expectations as competencies (a quality expected in an enactment if proper socialization, such a training in the activity, preceded the enactment) presented to the participants, 97.3 % (n = 72) reported sociological practitioners are competent to conduct applied research activities, 95.9 % (n = 71) reported social needs assessments, 94.6 % (n = 70) reported program evaluation, 94.6 % (n = 70) reported consultation, 94.6 % (n = 70) reported teaching, 91.9 % (n = 68) reported community change activities, 91.9 % (n = 68) reported minimization of social problems, 90.5 % (n = 67) reported policy analysis, 86.5 % (n = 64) reported supervision or administration, 81.1% (n = 60) reported meso level intervention activities, 79.7 % (n = 59) reported expert witnessing, 79.7 % (n = 59) reported macro level intervention activities, 79.7 % (n = 59) reported clinical assessment, 77.0 % (n = 57) reported mediation, 75.7 % (n = 56) reported sociotherapy or counseling, and 74.3 % (n = 55) reported micro level intervention activities. These percentages and frequencies are the sum of the role expectations as competencies reported as “strongly agree” and “agree” shown on table 2 below.

Table 2

Respondents' Reported Role Expectations as Perceived Competencies

	Percent and Frequency				
Role Expectation	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Applied Research	68.9% n = 51	28.4% n = 21	2.7% n = 2		
Social Needs Assessments	63.5% n = 47	32.4% n = 24	4.1% n = 3		
Program Evaluation	63.5% n = 47	31.1% n = 23	5.4% n = 4		
Consultation	59.5% n = 44	35.1% n = 26	2.7% n = 2		2.7% n = 2
Teaching	58.1% n = 43	36.5% n = 27	4.1% n = 3		1.4% n = 1
Community Change Activities	66.2% n = 49	25.7% n = 19	8.1% n = 6		
Minimize Social Problems	62.2% n = 46	29.7% n = 22	6.8% n = 5	1.4% n = 1	
Policy Analysis	52.7% n = 39	37.8% n = 28	8.1% n = 6		1.4% n = 1
Supervision/Administration	43.2% n = 32	43.2% n = 32	9.5% n = 7	4.1% n = 3	
Meso Level Intervention	36.5% n = 27	44.6% n = 33	16.2% n = 12	1.4% n = 1	1.4% n = 1
Expert Witnessing	41.9% n = 31	37.8% n = 28	18.9% n = 14	1.4% n = 1	

Table 2 (con't.)

Role Expectation	Percent and Frequency Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Macro Level Interventions	40.5% n = 30	39.2% n = 29	18.9% n = 14		1.4% n = 1
Clinical Assessment	36.5% n = 27	43.2% n = 32	14.9% n = 11	2.7% n = 2	2.7% n = 2
Mediation	41.9% n = 31	35.1% n = 26	18.9% n = 14	1.4% n = 1	2.7% n = 2
Sociotherapy/Counseling	33.8% n = 25	41.9% n = 31	16.2% n = 12	2.7% n = 2	5.4% n = 4
Micro Level Intervention	33.8% n = 25	40.5% n = 30	18.9% n = 14	2.7% n = 2	4.1% n = 3

Respondents repetitively commented that sociological practitioners are expected to be competent in performing these activities, only if they have appropriate training in these activities. This qualitative statement indicates that professional socialization through education and other training activities is paramount to be competent in a professional activity. In addition, the role expectations as competencies reported by respondents appear to be closely associated with sociological training "as usual." Table 2 illustrates role expectations in terms of sociological practitioners being competent to perform various roles found in the literature that practitioners may perform. This data approaches an answer to the question, "do sociological practitioners have clear and unambiguous role expectations for their work as practitioners?" To address this question

fully, the relationship between perceived competency and role enactments requires examination, which occurs in a later section of this chapter.

Role Enactments as Actions.

The role enactments as actions that sociological practitioners report performing, in acceding order from most often to least often are listed in Table 3. Of the 16 role enactments presented to the participants, 95.9 % (n = 71) reported to teach, 95.9 % (n = 71) reported consulting, 91.9 % (n = 68) reported to engage in applied research, 90.5 % (n = 67) report to engage in community change activities, 87.8 % (n = 65) reported program evaluation, 87.8 % (n = 65) reported social needs assessments, 82.4 % (n = 61) reported policy analysis, 73.0 % (n = 54) reported minimization of social problems, 71.6 % (n = 53) reported supervision or administration, 63.5 % (n = 47) reported meso level intervention activities, 58.1 % (n = 43) reported micro level intervention activities, 51.4 % (n = 38) reported clinical assessment, 50.0 % (n = 37) reported macro level intervention activities, 48.6 % (n = 36) reported sociotherapy or counseling, 40.5 % (n = 30) reported expert witnessing, and 39.2 % (n = 29) reported mediation. These percentages and frequencies are the sum of the role enactments reported as “usually,” “frequently,” “sometime,” and “seldom” performed on table 3.

Table 3

Respondents' Reported Role Enactments

	Percent and Frequency				
Role Enactment	Usually	Frequently	Sometimes	Seldom	Never
Teaching	50.0% n = 37	13.5% n = 10	23.0% n = 17	9.5% n = 7	4.1% n = 3
Consulting	14.9% n = 11	29.7% n = 22	41.9% n = 31	9.5% n = 7	4.1% n = 3
Applied Research	24.3% n = 18	24.3% n = 18	29.7% n = 22	13.5% n = 10	8.1% n = 6
Community Change Activities	24.3% n = 18	20.3% n = 15	32.4% n = 24	13.5% n = 10	9.5% n = 7
Program Evaluation	18.9% n = 14	18.9% n = 14	39.2% n = 29	10.8% n = 8	12.2% n = 9
Social Needs Assessments	8.1% n = 6	17.6% n = 13	37.8% n = 28	24.3% n = 18	12.2% n = 9
Policy Analysis	9.5% n = 7	16.2% n = 12	29.7% n = 12	27.0% n = 20	17.6% n = 13
Minimize Social Problems	9.5% n = 7	16.2% n = 12	28.4% n = 21	18.9% n = 14	27.0% n = 20
Supervision/Administration	20.3% n = 15	8.1% n = 6	32.4% n = 24	10.8% n = 8	28.4% n = 21
Meso Level Intervention	4.1% n = 3	16.2% n = 12	27.0% n = 20	16.2% n = 12	36.5% n = 27
Micro Level Interventions	9.5% n = 7	9.5% n = 7	16.2% n = 12	23.0% n = 17	41.9% n = 31
Clinical Assessments	12.2% n = 9	10.8% n = 8	16.2% n = 12	12.2% n = 9	48.6% n = 36

Table 3 (cont.)

	Percent and Frequency				
Role Enactment	Usually	Frequently	Sometimes	Seldom	Never
Macro Level Interventions	6.8% n = 5	8.1% n = 6	24.3% n = 18	10.8% n = 8	50.0% n = 37
Sociotherapy/Counseling	12.2% n = 9	5.4% n = 4	14.9% n = 11	16.2% n = 12	51.4% n = 38
Expert Witness Activities	2.7% n = 2	5.4% n = 4	16.2% n = 12	16.2% n = 12	59.5% n = 44
Mediation	1.4% n = 1	5.4% n = 4	16.2% n = 12	16.2% n = 12	60.8% n = 45

This data begins to address the question, "do sociological practitioners perceive their role enactments in to differ from other helping professionals such as social workers, counselors, or psychologists?" However, other helping professionals engage in activities such as those considered in this research. Therefore, the question becomes, what makes sociological practitioners' work, different from social workers, counselors, and psychologists? To address fully this question, the qualitative data reported by the participants merits examination. Only 82.4 % (n = 61) of the 74 respondents answered the qualitative questions. Using "a focus on social structure" and "use of sociological theory" as key words, 42.6 % (n = 26) of those responding indicated that the main difference in role enactments of sociological practitioners and other helping professionals such as social workers, counselors, and psychologists is their focus on social structure, 42.6 % (n = 26) indicated the difference is their use of social theory, and 14.8 % (n = 9)

indicated that there are no differences between sociological practitioners and other helping professionals. Based on this data, the chief difference in perceived role enactments is the sociological practitioner's focus on social structure, and use of sociological theory, at least for the members of the Sociological Practice Association. Other key phrases reported by the respondents that mark their work as sociological in nature were "focus on groups, not individuals," and "[consideration] of social problems, not individual issues."

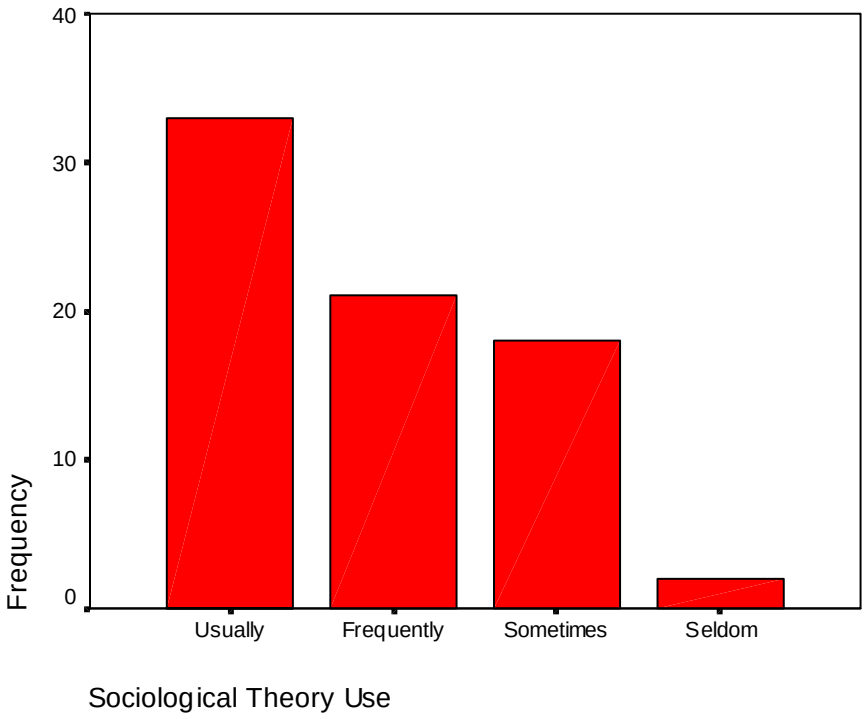
Sociological Practitioners' Perceptions of Their Work as Being Sociological.

The question was asked, "How do sociological practitioners perceive their work as being sociological in nature?" To address this question, the same qualitative data used above to address the differences between sociological practitioners' role expectations and those of other helping professionals is germane. In addition to this qualitative approach to answering this question, quantitative data was collected on the use of sociological and psychological theory, in addition to general social science methods used by sociological practitioners.

As noted above, the majority of participants indicated that what makes their work as practitioners clearly sociological in nature is their focus on social structure and their use of sociological theory. Only a minority of 14.8 % (n = 9) indicted no differences in their practice as a sociologist from other helping professionals. When respondents were directly asked about their use of sociological theory, 73.0 % (n = 54) reported that they either use sociological theory "usually" or "frequently". No respondents reported that they "never" use sociological theory. Figure 5 below illustrates this data. However, 21.6% (n = 16) of the respondents reported that they use psychological theory "usually"

or “frequently.” This is only slightly different from the qualitative data where 14.8 % (n = 9) of those responding to the qualitative questions indicated that no differences existed in their perceived role enactments and other helping professionals. This data indicates that though sociological practitioners perceive their work as being sociological in nature because of their focus on social

Figure 5. Sociological Theory Use by Sociological Practitioners.

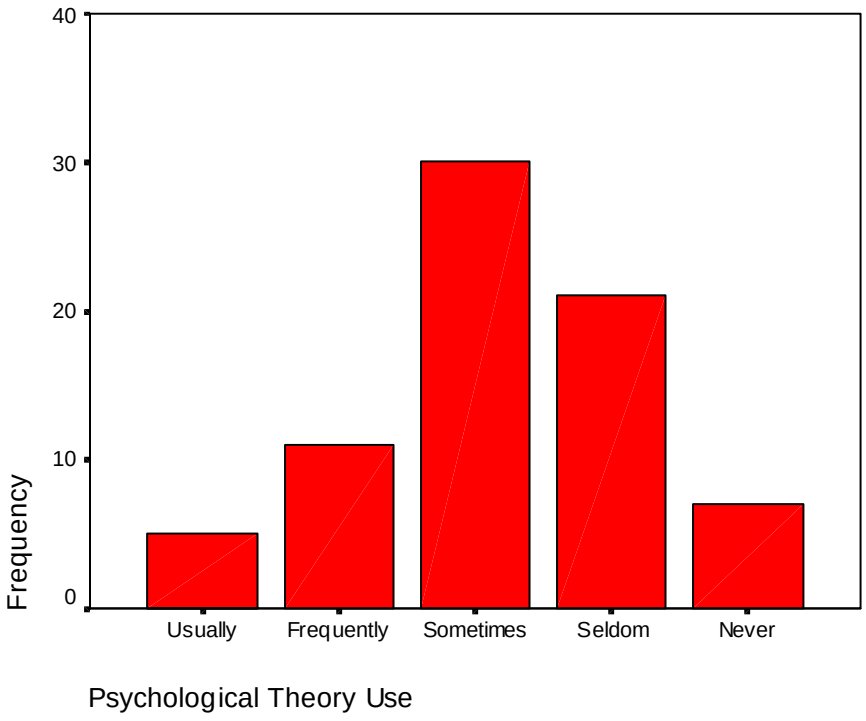


structure and use of sociological theory, they also use psychological theory at least “sometimes” in their practice. Figure 6 illustrates this conclusion.

Concerning if sociological practitioners use common scientific methods, 40.5 % (n = 30) “strongly agreed” that they use common scientific methods, and 41.9 % (n = 31) “agreed” that they use common scientific methods. Only 17.6 % (n = 13) reported they were “undecided,” “disagreed,” or “strongly disagreed” that they use common scientific

methods. However, the respondents did not list what methods that they do use. Figure 7 illustrates this data. Concerning the qualitative data on methods, most reported using survey techniques, while a few reported using quasi-experimental methods. However, these methods are not different from accepted scientific methods, especially among social and behavioral sciences.

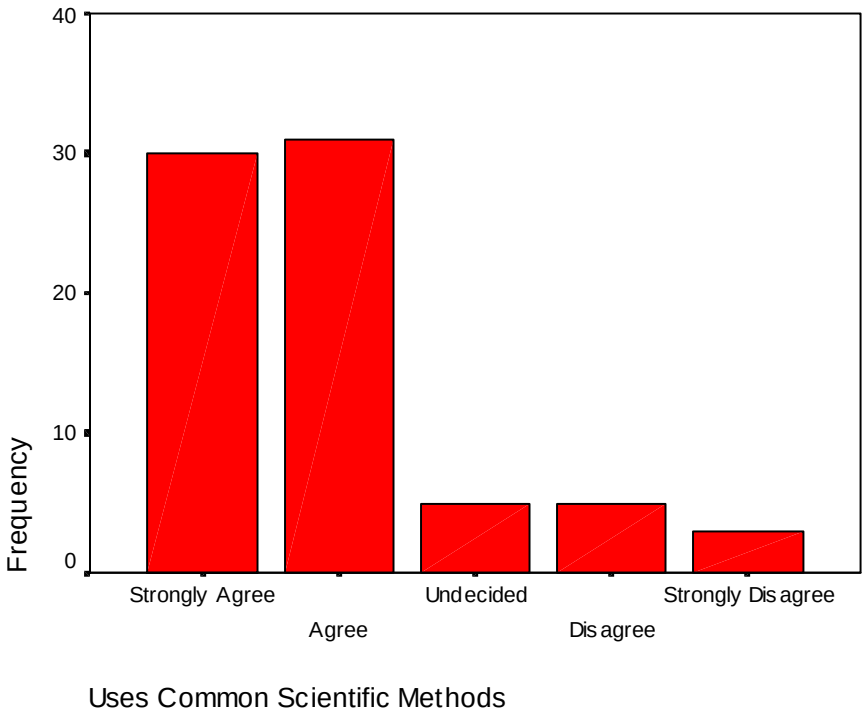
Figure 6. Psychological Theory Use by Sociological Practitioners.



To directly address the research question of how do sociological practitioners perceive their work as sociological in terms of theory, methods, or both; considering the data found in this research, the answer appears to be the practitioners' use of sociological theory and their focus on social structure. This conclusion is drawn by ruling out methods as an option, since 82.4 % (n = 61) of the respondents indicated that they use common scientific methods. However, caution must be used when indicating that

sociological practitioners only use sociological theory, because 21.6 % (n = 16) of the respondents reported that they "usually" or "frequently" use psychological theory when engages in their practice activities.

Figure 7. Common Scientific Methods Use by Sociological Practitioners.



Relationships Between Role Expectations as Competencies and Role Enactments.

Cross tabulations and gamma measures are used to measure the relationship between the respondents' role expectations as competencies and their perceived role enactments. Role expectations as competencies are defined as the independent variable and have five categories: *strongly agree*, *agreed*, *undecided*, *disagree*, and *strongly disagree*. Each of these labels was assigned a value of one through five respectively. Role enactments of practitioners actually providing services is the dependent variable and has five categories as well: *usually*, *frequently*, *sometimes*, *seldom*, and *never*. As with

the independent variable, each of these labels was assigned a value of one through five.

The level of measurement for both of these variables is ordinal. According to Frankfort-Nachmias (1997), the gamma parameter may be used for this level of data, and ranges from -1.00 to 1.00; a score of 0.00 indicates no relationship at all. Scores between 0.01 and 0.20 indicates a weak positive relationship, between 0.21 and 0.40 indicates a moderate positive relationship, between 0.41 and 0.60 indicates a strong positive relationship, between 0.61 and 0.80 indicates a very strong positive relationship, and scores between 0.80 and 1.00 indicates a near perfect or perfect positive relationship. Also, scores between -0.01 and -0.20 indicates no relationship or a slight negative relationship, between -0.21 and -0.40 indicates a weak negative relationship, between -0.41 and -0.60 indicates a moderate negative relationship, between -0.61 and -0.80 indicates a strong negative relationship, and score between -0.80 and -1.00 indicates a near perfect or perfect negative relationship (p. 329).

Minimization of social problems. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to provide services which minimize social problems, and also responded that they usually provided services aimed at minimizing social problems were 13.0 % (n = 6). Those respondents who agreed that sociological practitioners are competent to provide services which minimize social problems, and also responded that they usually provided services aimed at minimizing social problems were 4.5 % (n = 1). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide services that minimize social problems, and

usually provided that service. Out of the 74 total cases, 9.5 % (n = 7) of the respondents reported that they usually provided services aimed at minimizing social problems.

Those respondents who strongly agreed that sociological practitioners are competent to provide services which minimize social problems, and also responded that they frequently provided services aimed at minimizing social problems were 23.9 % (n = 11). Those respondents who agreed that sociological practitioners are competent to provide services which minimize social problems, and also responded that they frequently provided services aimed at minimizing social problems were 4.5 % (n = 1). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide services that minimize social problems, and frequently provided that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they frequently provided services aimed at minimizing social problems.

Those respondents who strongly agreed that sociological practitioners are competent to provide services which minimize social problems, and also responded that they sometimes provided services aimed at minimizing social problems were 34.8 % (n = 16). Those respondents who agreed that sociological practitioners are competent to provide services which minimize social problems, and also responded that they sometimes provided services aimed at minimizing social problems were 18.2 % (n = 4). Those respondents who were undecided that sociological practitioners are competent to provide services which minimize social problems, and also responded that they sometimes provided services aimed at minimizing social problems were 20.0 % (n = 1). No respondents reported that they disagreed, or strongly disagreed that sociological

practitioners are competent to provide services that minimize social problems, and sometimes provided that service. Out of the 74 total cases, 28.4 % (n = 21) of the respondents reported that they sometimes provide services aimed at minimizing social problems.

Those respondents who strongly agreed that sociological practitioners are competent to provide services which minimize social problems, and also responded that they seldom provided services aimed at minimizing social problems were 13.0 % (n = 6). Those respondents who agreed that sociological practitioners are competent to provide services which minimize social problems, and also responded that they seldom provided services aimed at minimizing social problems were 36.4 % (n = 8). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide services that minimize social problems, and seldom provided that service. Out of the 74 total cases, 18.9 % (n = 14) of the respondents reported that they seldom provided services aimed at minimizing social problems.

Out of the 74 cases, 73 % (n = 54) of the respondents provided services that minimize social problems, and 27.0 % (n = 20) never provided services that minimized social problems. A gamma of 0.639 was obtained indicating a very strong positive relationship between the respondents' role expectations as a competency to minimize social problems and their actual role enactments minimizing social problems. As competency levels increased, the provision of the services (minimization of social problems) also increased. Consequently, respondents' perceived competency of sociological practitioners to minimize social problems is a role expectation and very

strongly predicts role enactment. Table 4 illustrates this conclusion.

Clinical Assessment. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to conduct clinical assessments, and responded that they usually conducted clinical assessments were 25.9 % (n = 7). Those respondents who agreed that sociological practitioners are competent to conduct clinical assessments, and responded that they usually conducted clinical assessments were 6.3 % (n = 2). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct clinical assessments, and usually conducted that service. Out of the 74 total cases, 12.2 % (n = 9) of the respondents reported that they usually conducted clinical assessments.

Those respondents who strongly agreed that sociological practitioners are competent to conduct clinical assessments, and responded that they frequently conducted clinical assessments were 18.5 % (n = 5). Those respondents who agreed that sociological practitioners are competent to conduct clinical assessments, and responded that they frequently conducted clinical assessments were 9.4 % (n = 3). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct clinical assessments, and frequently conducted that service. Out of the 74 total cases, 10.8 % (n = 8) of the respondents reported that they frequently conducted clinical assessments.

Those respondents who strongly agreed that sociological practitioners are competent to conduct clinical assessments, and responded that they sometimes conducted

clinical assessments were 14.8 % (n = 4). Those respondents who agreed that sociological practitioners are competent to conduct clinical assessments, and responded that they sometimes conducted clinical assessments were 18.8 % (n = 6). Those respondents who were undecided that sociological practitioners are competent to conduct clinical assessments, and responded that they sometimes conducted clinical assessments were 9.1 % (n = 1). Those respondents who disagreed that sociological practitioners are competent to conduct clinical assessments, and responded that they sometimes conducted clinical assessments were 50.0 % (n = 1). No respondents reported that they strongly disagreed that sociological practitioners are competent to conduct clinical assessments, and sometimes conducted that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they sometimes conducted clinical assessments.

Those respondents who strongly agreed that sociological practitioners are competent to conduct clinical assessments, and responded that they seldom conducted clinical assessments were 14.8 % (n = 4). Those respondents who agreed that sociological practitioners are competent to conduct clinical assessments, and responded that they seldom conducted clinical assessments were 12.5 % (n = 4). Those respondents who were undecided that sociological practitioners are competent to conduct clinical assessments, and responded that they seldom conducted clinical assessments were 9.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to conduct clinical assessments, and seldom conducted that service. Out of the 74 total cases, 12.2 % (n = 9) of the respondents reported that they seldom conducted clinical assessments.

Out of the 74 cases, 51.4 % (n = 38) of the respondents conducted clinical

assessments, and 48.6 % (n = 36) never conducted clinical assessments. A gamma of 0.561 was obtained indicating a strong positive relationship between the respondents' role expectations as a competency to conduct clinical assessments and their actual role enactments conducting clinical assessments. As competency levels increased, the provision of the services (conducting clinical assessments) also increased. Consequently, respondents' perceived competency of sociological practitioners to conduct clinical assessments is a role expectation and strongly predicts role enactment. Table 5 illustrates this conclusion.

Sociotherapy or counseling. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they usually provided sociotherapy or counseling were 24.0 % (n = 6). Those respondents who agreed that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they usually provided sociotherapy or counseling were 9.7 % (n = 2). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide sociotherapy or counseling, and usually provided that service. Out of the 74 total cases, 12.2 % (n = 9) of the respondents reported that they usually provided sociotherapy or counseling.

Those respondents who strongly agreed that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they frequently provided sociotherapy or counseling were 12.0 % (n = 3). No respondents agreed that sociological practitioners are competent to provide sociotherapy or counseling, and

responded that they frequently provided sociotherapy or counseling. Those respondents who were undecided that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they frequently provided sociotherapy or counseling were 8.3 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide sociotherapy or counseling, and frequently provided that service. Out of the 74 total cases, 5.4 % (n = 4) of the respondents reported that they frequently provided sociotherapy or counseling.

Those respondents who strongly agreed that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they sometimes provided sociotherapy or counseling were 16.0 % (n = 4). Those respondents who agreed that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they sometimes provided sociotherapy or counseling were 19.4 % (n = 6). Those respondents who were undecided that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they sometimes provided sociotherapy or counseling were 8.3 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide sociotherapy or counseling, and sometimes provided that service. Out of the 74 total cases, 14.9 % (n = 11) of the respondents reported that they sometimes provided sociotherapy or counseling.

Those respondents who strongly agreed that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they seldom provided sociotherapy or counseling were 20.0 % (n = 5). Those respondents who agreed that sociological practitioners are competent to provide sociotherapy or counseling, and

responded that they seldom provided sociotherapy or counseling were 19.4 % (n = 6). No respondents were undecided that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they seldom provided sociotherapy or counseling. Those respondents who disagreed that sociological practitioners are competent to provide sociotherapy or counseling, and responded that they seldom provided sociotherapy or counseling were 50.0 % (n = 1). No respondents reported that they strongly disagreed that sociological practitioners are competent to provide sociotherapy or counseling, and seldom provided that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they seldom provided sociotherapy or counseling.

Out of the 74 cases, 48.6 % (n = 36) of the respondents provided sociotherapy or counseling, and 51.4 % (n = 38) never provided sociotherapy or counseling. A gamma of 0.551 was obtained indicating a strong positive relationship between the respondents' role expectations as a competency to provide sociotherapy or counseling and their actual role enactments providing sociotherapy or counseling. As competency levels increased, the provision of the services (providing sociotherapy or counseling) also increased. Consequently, respondents' perceived competency of sociological practitioners to provide sociotherapy or counseling is a role expectation and strongly predicts role enactment. Table 6 illustrates this conclusion.

Mediation services. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to provide mediation services, and responded that they usually provided mediation services

were 3.2 % (n = 1). No respondents reported that they agreed, were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide mediation services, and usually provided that service. Out of the 74 total cases, 1.4 % (n = 1) of the respondents reported that they usually provided mediation services.

Those respondents who strongly agreed that sociological practitioners are competent to provide mediation services, and responded that they frequently provided mediation services were 12.9 % (n = 4). No respondents reported that they agreed, were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide mediation services, and frequently provided that service. Out of the 74 total cases, 5.4 % (n = 4) of the respondents reported that they frequently provided mediation services.

Those respondents who strongly agreed that sociological practitioners are competent to provide mediation services, and responded that they sometimes provided mediation services were 16.1 % (n = 5). Those respondents who agreed that sociological practitioners are competent to provide mediation services, and responded that they sometimes provided mediation services were 23.1 % (n = 6). Those respondents who were undecided that sociological practitioners are competent to provide mediation services, and responded that they sometimes provided mediation services were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide mediation services, and sometimes provided that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they sometimes provided mediation services.

Those respondents who strongly agreed that sociological practitioners are

competent to provide mediation services, and responded that they seldom provided mediation services were 22.6 % (n = 7). Those respondents who agreed that sociological practitioners are competent to provide mediation services, and responded that they seldom provided mediation services were 15.4 % (n = 4). Those respondents who were undecided that sociological practitioners are competent to provide mediation services, and responded that they seldom provided mediation services were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide mediation services, and seldom provided that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they seldom provided mediation services.

Out of the 74 cases, 39.2 % (n = 29) of the respondents provided mediation services, and 60.8 % (n = 45) never provided mediation services. A gamma of 0.507 was obtained indicating a strong positive relationship between the respondents' role expectations as a competency to provide mediation services and their actual role enactments providing mediation services. As competency levels increased, the provision of the services (providing mediation services) also increased. Consequently, respondents' perceived competency of sociological practitioners to provide mediation services is a role expectation and strongly predicts role enactment. Table 7 at the end of this chapter illustrates this conclusion.

Micro level intervention. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to provide micro level interventions, and responded that they usually provided

micro level interventions were 12.0 % (n = 3). Those respondents who agreed that sociological practitioners are competent to provide micro level interventions, and responded that they usually provided micro level interventions were 10.0 % (n = 3). Those respondents who were undecided that sociological practitioners are competent to provide micro level interventions, and responded that they usually provided micro level interventions were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide micro level interventions, and usually provided that service. Out of the 74 total cases, 9.5 % (n = 7) of the respondents reported that they usually provided micro level interventions.

Those respondents who strongly agreed that sociological practitioners are competent to provide micro level interventions, and responded that they frequently provided micro level interventions were 20.0 % (n = 5). Those respondents who agreed that sociological practitioners are competent to provide micro level interventions, and responded that they frequently provided micro level interventions were 3.3 % (n = 1). Those respondents who were undecided that sociological practitioners are competent to provide micro level interventions, and responded that they frequently provided micro level interventions were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide micro level interventions, and frequently provided that service. Out of the 74 total cases, 9.5 % (n = 7) of the respondents reported that they frequently provided micro level interventions.

Those respondents who strongly agreed that sociological practitioners are competent to provide micro level interventions, and responded that they sometimes provided micro level interventions were 24.0 % (n = 6). Those respondents who agreed

that sociological practitioners are competent to provide micro level interventions, and responded that they sometimes provided micro level interventions were 20.0 % (n = 6). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide micro level interventions, and sometimes provided that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they sometimes provided micro level interventions.

Those respondents who strongly agreed that sociological practitioners are competent to provide micro level interventions, and responded that they seldom provided micro level interventions were 16.0 % (n = 4). Those respondents who agreed that sociological practitioners are competent to provide micro level interventions, and responded that they seldom provided micro level interventions were 33.3 % (n = 10). Those respondents who were undecided that sociological practitioners are competent to provide micro level interventions, and responded that they seldom provided micro level interventions were 14.3 % (n = 2). Those respondents who disagreed that sociological practitioners are competent to provide micro level interventions, and responded that they seldom provided micro level interventions were 50.0 % (n = 1). No respondents reported that they strongly disagreed that sociological practitioners are competent to provide micro level interventions, and seldom provided that service. Out of the 74 total cases, 23.0 % (n = 17) of the respondents reported that they seldom provided micro level interventions.

Out of the 74 cases, 58.1 % (n = 43) of the respondents provided micro level interventions, and 41.9 % (n = 31) never provided micro level interventions. A gamma of 0.459 was obtained indicating a strong positive relationship between the respondents' role expectations as a competency to provide micro level interventions and their actual

role enactments providing micro level interventions. As competency levels increased, the provision of the services (providing micro level interventions) also increased. Consequently, respondents' perceived competency of sociological practitioners to provide micro level interventions is a role expectation and strongly predicts role enactment. Table 8 at the end of this chapter illustrates this conclusion.

Expert Witness. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to act as expert witnesses, and responded that they usually acted as expert witnesses were 3.2 % (n = 1). Those respondents who agreed that sociological practitioners are competent to act as expert witnesses, and responded that they usually acted as expert witnesses were 3.6 % (n = 1). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to act as expert witnesses, and usually provided that service. Out of the 74 total cases, 2.7 % (n = 2) of the respondents reported that they usually acted as expert witnesses.

Those respondents who strongly agreed that sociological practitioners are competent to act as expert witnesses, and responded that they frequently acted as expert witnesses were 6.5 % (n = 2). Those respondents who agreed that sociological practitioners are competent to act as expert witnesses, and responded that they frequently acted as expert witnesses were 3.6 % (n = 1). Those respondents who were undecided that sociological practitioners are competent to act as expert witnesses, and responded that they frequently acted as expert witnesses were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are

competent to act as expert witnesses, and frequently provided that service. Out of the 74 total cases, 5.4 % (n = 4) of the respondents reported that they frequently acted as expert witnesses.

Those respondents who strongly agreed that sociological practitioners are competent to act as expert witnesses, and responded that they sometimes acted as expert witnesses were 22.6 % (n = 7). Those respondents who agreed that sociological practitioners are competent to act as expert witnesses, and responded that they sometimes acted as expert witnesses were 14.3 % (n = 4). Those respondents who were undecided that sociological practitioners are competent to act as expert witnesses, and responded that they sometimes acted as expert witnesses were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to act as expert witnesses, and sometimes provided that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they sometimes acted as expert witnesses.

Those respondents who strongly agreed that sociological practitioners are competent to act as expert witnesses, and responded that they seldom acted as expert witnesses were 22.6 % (n = 7). Those respondents who agreed that sociological practitioners are competent to act as expert witnesses, and responded that they seldom acted as expert witnesses were 14.3 % (n = 4). Those respondents who were undecided that sociological practitioners are competent to act as expert witnesses, and responded that they seldom acted as expert witnesses were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to act as expert witnesses, and seldom provided that service. Out of the 74 total cases, 16.2

% (n = 12) of the respondents reported that they seldom acted as expert witnesses.

Out of the 74 cases, 40.5 % (n = 30) of the respondents acted as expert witnesses, and 59.5 % (n = 44) never acted as expert witnesses. A gamma of 0.369 was obtained indicating a moderate positive relationship between the respondents' role expectations as a competency to act as expert witnesses and their actual role enactments acting as expert witnesses. As competency levels increased, the provision of the services (acting as expert witnesses) also increased. Consequently, respondents' perceived competency of sociological practitioners to act as expert witnesses is a role expectation and moderately predicts role enactment. Table 9 at the end of this chapter illustrates this conclusion.

Macro level intervention. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to provide macro level interventions, and responded that they usually provided macro level interventions were 6.7 % (n = 2). Those respondents who agreed that sociological practitioners are competent to provide macro level interventions, and responded that they usually provided macro level interventions were 6.9 % (n = 2). Those respondents who were undecided that sociological practitioners are competent to provide macro level interventions, and responded that they usually provided macro level interventions were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide macro level interventions, and usually provided that service. Out of the 74 total cases, 6.8 % (n = 5) of the respondents reported that they usually provided macro level interventions.

Those respondents who strongly agreed that sociological practitioners are

competent to provide macro level interventions, and responded that they frequently provided macro level interventions were 10.0 % (n = 3). Those respondents who agreed that sociological practitioners are competent to provide macro level interventions, and responded that they frequently provided macro level interventions were 10.3 % (n = 3). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide macro level interventions, and frequently provided that service. Out of the 74 total cases, 8.1 % (n = 6) of the respondents reported that they frequently provided macro level interventions.

Those respondents who strongly agreed that sociological practitioners are competent to provide macro level interventions, and responded that they sometimes provided macro level interventions were 36.7 % (n = 11). Those respondents who agreed that sociological practitioners are competent to provide macro level interventions, and responded that they sometimes provided macro level interventions were 20.7 % (n = 6). Those respondents who were undecided that sociological practitioners are competent to provide macro level interventions, and responded that they sometimes provided macro level interventions were 7.1 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide macro level interventions, and sometimes provided that service. Out of the 74 total cases, 24.3 % (n = 18) of the respondents reported that they sometimes provided macro level interventions.

Those respondents who strongly agreed that sociological practitioners are competent to provide macro level interventions, and responded that they seldom provided macro level interventions were 6.7 % (n = 4). Those respondents who agreed that sociological practitioners are competent to provide macro level interventions, and

responded that they seldom provided macro level interventions were 13.8 % (n = 4). Those respondents who were undecided that sociological practitioners are competent to provide macro level interventions, and responded that they seldom provided macro level interventions were 14.3 % (n = 2). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide macro level interventions, and seldom provided that service. Out of the 74 total cases, 10.8 % (n = 8) of the respondents reported that they seldom provided macro level interventions.

Out of the 74 cases, 50.0 % (n = 37) of the respondents provided macro level interventions, and 50.0 % (n = 37) never provided macro level interventions. A gamma of 0.322 was obtained indicating a moderate positive relationship between the respondents' role expectations as a competency to provide macro level interventions and their actual role enactments providing macro level interventions. As competency levels increased, the provision of the services (providing macro level interventions) also increased. Consequently, respondents' perceived competency of sociological practitioners to provide macro level interventions is a role expectation and moderately predicts role enactment. Table 10 illustrates this conclusion.

Meso level intervention. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to provide meso level interventions, and responded that they usually provided meso level interventions were 3.7 % (n = 1). No respondents reported that they agreed that sociological practitioners are competent to provide meso level interventions, and usually provided that service. Those respondents who were undecided that sociological

practitioners are competent to provide meso level interventions, and responded that they usually provided meso level interventions were 8.3 % (n = 1). Those respondents who disagreed that sociological practitioners are competent to provide meso level interventions, and responded that they usually provided meso level interventions were 100 % (n = 1). No respondents reported that they strongly disagreed that sociological practitioners are competent to provide meso level interventions, and usually provided that service. Out of the 74 total cases, 4.1 % (n = 3) of the respondents reported that they usually provided meso level interventions.

Those respondents who strongly agreed that sociological practitioners are competent to provide meso level interventions, and responded that they frequently provided meso level interventions were 22.2 % (n = 6). Those respondents who agreed that sociological practitioners are competent to provide meso level interventions, and responded that they frequently provided meso level interventions were 15.2 % (n = 5). Those respondents who were undecided that sociological practitioners are competent to provide meso level interventions, and responded that they frequently provided meso level interventions were 8.3 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide meso level interventions, and frequently provided that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they frequently provided meso level interventions.

Those respondents who strongly agreed that sociological practitioners are competent to provide meso level interventions, and responded that they sometimes provided meso level interventions were 29.6 % (n = 8). Those respondents who agreed that sociological practitioners are competent to provide meso level interventions, and

responded that they sometimes provided meso level interventions were 33.3 % (n = 11). Those respondents who were undecided that sociological practitioners are competent to provide meso level interventions, and responded that they sometimes provided meso level interventions were 8.3 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide meso level interventions, and sometimes provided that service. Out of the 74 total cases, 24.3 % (n = 18) of the respondents reported that they sometimes provided meso level interventions.

Those respondents who strongly agreed that sociological practitioners are competent to provide meso level interventions, and responded that they seldom provided meso level interventions were 14.8 % (n = 4). Those respondents who agreed that sociological practitioners are competent to provide meso level interventions, and responded that they seldom provided meso level interventions were 21.2 % (n = 7). Those respondents who were undecided that sociological practitioners are competent to provide meso level interventions, and responded that they seldom provided meso level interventions were 8.3 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide meso level interventions, and seldom provided that service. Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they seldom provided meso level interventions.

Out of the 74 cases, 63.5 % (n = 47) of the respondents provided meso level interventions, and 36.5 % (n = 27) never provided meso level interventions. A gamma of 0.222 was obtained indicating a moderate positive relationship between the respondents' role expectations as a competency to provide meso level interventions and their actual role enactments providing meso level interventions. As competency levels increased, the

provision of the services (providing meso level interventions) also increased. Consequently, respondents' perceived competency of sociological practitioners to provide meso level interventions is a role expectation and moderately predicts role enactment. Table 11 illustrates this conclusion.

Applied research. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to conduct applied research, and responded that they usually conducted applied research were 25.5% (n = 13). Those respondents who agreed that sociological practitioners are competent to conduct applied research, and responded that they usually conducted applied research were 23.8 % (n = 5). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct applied research, and usually provided that service. Out of the 74 total cases, 24.3 % (n = 18) of the respondents reported that they usually conducted applied research.

Those respondents who strongly agreed that sociological practitioners are competent to conduct applied research, and responded that they frequently conducted applied research were 25.5 % (n = 13). Those respondents who agreed that sociological practitioners are competent to conduct applied research, and responded that they frequently conducted applied research were 19.0 % (n = 4). Those respondents who were undecided that sociological practitioners are competent to conduct applied research, and responded that they frequently conducted applied research were 50.0 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to conduct applied research, and frequently conducted applied

research. Out of the 74 total cases, 24.3 % (n = 18) of the respondents reported that they frequently conducted applied research.

Those respondents who strongly agreed that sociological practitioners are competent to conduct applied research, and responded that they sometimes conducted applied research were 31.4 % (n = 16). Those respondents who agreed that sociological practitioners are competent to conduct applied research, and responded that they sometimes conducted applied research were 28.6 % (n = 6). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct applied research, and sometimes conducted applied research. Out of the 74 total cases, 29.7 % (n = 22) of the respondents reported that they sometimes conducted applied research.

Those respondents who strongly agreed that sociological practitioners are competent to conduct applied research, and responded that they seldom conducted applied research were 13.7 % (n = 7). Those respondents who agreed that sociological practitioners are competent to conduct applied research, and responded that they seldom conducted applied research were 14.3 % (n = 3). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct applied research, and seldom conducted applied research. Out of the 74 total cases, 13.5 % (n = 10) of the respondents reported that they seldom conducted applied research.

Out of the 74 cases, 91.9 % (n = 68) of the respondents conducted applied research, and 8.1 % (n = 6) never conducted applied research. A gamma of 0.188 was obtained indicating a weak positive relationship between the respondents' role

expectations as a competency to conduct applied research and their actual role enactments conducting applied research. As competency levels increased, the provision of the services (conducting applied research) also increased. Consequently, respondents' perceived competency of sociological practitioners to conduct applied research is a role expectation and weakly predicts role enactment. Table 12 illustrates this conclusion.

Consultation. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to provide consultation, and responded that they usually provided consultation were 11.4 % (n = 5). Those respondents who agreed that sociological practitioners are competent to provide consultation, and responded that they usually provided consultation were 19.2 % (n = 5). Those respondents who were undecided that sociological practitioners are competent to provide consultation, and responded that they usually provided consultation were 50.0 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide consultation, and usually provided that service. Out of the 74 total cases, 14.9 % (n = 11) of the respondents reported that they usually provided consultation.

Those respondents who strongly agreed that sociological practitioners are competent to provide consultation, and responded that they frequently provided consultation were 40.9 % (n = 18). Those respondents who agreed that sociological practitioners are competent to provide consultation, and responded that they frequently provided consultation were 15.4 % (n = 4). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent

to provide consultation, and frequently provided consultation. Out of the 74 total cases, 29.7 % (n = 22) of the respondents reported that they frequently provided consultation.

Those respondents who strongly agreed that sociological practitioners are competent to provide consultation, and responded that they sometimes provided consultation were 36.4 % (n = 16). Those respondents who agreed that sociological practitioners are competent to provide consultation, and responded that they sometimes provided consultation were 50.0 % (n = 13). Those respondents who were undecided that sociological practitioners are competent to provide consultation, and responded that they sometimes provided consultation were 50.0 % (n = 1). No respondents reported that they disagreed that sociological practitioners are competent to provide consultation, and sometimes provided consultation. Those respondents who strongly disagreed that sociological practitioners are competent to provide consultation, and responded that they sometimes provided consultation were 50.0 % (n = 1). Out of the 74 total cases, 41.9 % (n = 31) of the respondents reported that they sometimes provided consultation.

Those respondents who strongly agreed that sociological practitioners are competent to provide consultation, and responded that they seldom provided consultation were 9.1 % (n = 4). Those respondents who agreed that sociological practitioners are competent to provide consultation, and responded that they seldom provided consultation were 11.5 % (n = 3). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide consultation, and seldom provided consultation. Out of the 74 total cases, 9.5 % (n = 7) of the respondents reported that they seldom provided consultation.

Out of the 74 cases, 96.0 % (n = 71) of the respondents provided consultation, and

4.1 % (n = 3) never provided consultation. A gamma of 0.182 was obtained indicating a weak positive relationship between the respondents' role expectations as a competency to provide consultation and their actual role enactments providing consultation. As competency levels increased, the provision of the services (providing consultation) also increased. Consequently, respondents' perceived competency of sociological practitioners to provide consultation is a role expectation and weakly predicts role enactment. Table 13 illustrates this conclusion.

Social needs assessments. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to conduct social needs assessments, and responded that they usually conducted social needs assessments were 8.5 % (n = 4). Those respondents who agreed that sociological practitioners are competent to conduct social needs assessments, and responded that they usually conducted social needs assessments were 8.3 % (n = 2). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct social needs assessments, and usually provided social needs assessments. Out of the 74 total cases, 8.1 % (n = 6) of the respondents reported that they usually conducted social needs assessments.

Those respondents who strongly agreed that sociological practitioners are competent to conduct social needs assessments, and responded that they frequently conducted social needs assessments were 19.1 % (n = 9). Those respondents who agreed that sociological practitioners are competent to conduct social needs assessments, and responded that they frequently conducted social needs assessments were 16.7 % (n = 4).

No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct social needs assessments, and frequently conducted social needs assessments. Out of the 74 total cases, 17.6 % (n = 13) of the respondents reported that they frequently conducted social needs assessments.

Those respondents who strongly agreed that sociological practitioners are competent to conduct social needs assessments, and responded that they sometimes conducted social needs assessments were 38.3 % (n = 18). Those respondents who agreed that sociological practitioners are competent to conduct social needs assessments, and responded that they sometimes conducted social needs assessments were 33.3 % (n = 8). Those respondents who were undecided that sociological practitioners are competent to conduct social needs assessments, and responded that they sometimes conducted social needs assessments were 66.7 % (n = 2). No respondents reported that they disagreed, or strongly disagreed that sociological practitioners are competent to conduct social needs assessments, and sometimes conducted social needs assessments. Out of the 74 total cases, 37.8 % (n = 28) of the respondents reported that they sometimes conducted social needs assessments.

Those respondents who strongly agreed that sociological practitioners are competent to conduct social needs assessments, and responded that they seldom conducted social needs assessments were 25.5 % (n = 12). Those respondents who agreed that sociological practitioners are competent to conduct social needs assessments, and responded that they seldom conducted social needs assessments were 25.0 % (n = 6). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct social needs assessments, and seldom

conducted social needs assessments. Out of the 74 total cases, 24.3 % (n = 18) of the respondents reported that they seldom conducted social needs assessments.

Out of the 74 cases, 87.8 % (n = 65) of the respondents conducted social needs assessments, and 12.2 % (n = 9) never conducted social needs assessments. A gamma of 0.152 was obtained indicating a weak positive relationship between the respondents' role expectations as a competency to conduct social needs assessments and their actual role enactments conducting social needs assessments. As competency levels increased, the provision of the services (conducting social needs assessments) also increased. Consequently, respondents' perceived competency of sociological practitioners to conduct social needs assessments is a role expectation and weakly predicts role enactment. Table 14 illustrates this conclusion.

Teaching. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to teach, and responded that they usually taught were 53.5 % (n = 23). Those respondents who agreed that sociological practitioners are competent to teach, and responded that they usually taught were 40.7 % (n = 11). Those respondents who were undecided that sociological practitioners are competent to teach, and responded that they usually taught were 100 % (n = 3). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to teach, and usually taught. Out of the 74 total cases, 50.0 % (n = 37) of the respondents reported that they usually taught.

Those respondents who strongly agreed that sociological practitioners are competent to teach, and responded that they frequently taught were 11.6 % (n = 5).

Those respondents who agreed that sociological practitioners are competent to teach, and responded that they frequently taught were 18.5 % (n = 5). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to teach, and frequently taught. Out of the 74 total cases, 13.5 % (n = 10) of the respondents reported that they frequently taught.

Those respondents who strongly agreed that sociological practitioners are competent to teach, and responded that they sometimes taught were 25.6 % (n = 11). Those respondents who agreed that sociological practitioners are competent to teach, and responded that they sometimes taught were 18.5 % (n = 5). No respondents reported that they were undecided or disagreed that sociological practitioners are competent to teach, and sometimes taught. Those respondents who strongly disagreed that sociological practitioners are competent to teach, and responded that they sometimes taught were 100 % (n = 1). Out of the 74 total cases, 23.0 % (n = 17) of the respondents reported that they sometimes taught.

Those respondents who strongly agreed that sociological practitioners are competent to teach, and responded that they seldom taught were 7.0 % (n = 3). Those respondents who agreed that sociological practitioners are competent to teach, and responded that they seldom taught were 14.8 % (n = 4). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to teach, and seldom taught. Out of the 74 total cases, 9.5 % (n = 7) of the respondents reported that they seldom taught.

Out of the 74 cases, 95.9 % (n = 71) of the respondents taught, and 4.1 % (n = 3) never taught. A gamma of 0.107 was obtained indicating a weak positive relationship

between the respondents' role expectations as a competency to teach and their actual role enactments teaching. As competency levels increased, the provision of the services (teaching) also increased. Consequently, respondents' perceived competency of sociological practitioners to teach is a role expectation and weakly predicts role enactment. Table 15 illustrates this conclusion.

Supervision and administration. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to provide supervision or administration, and responded that they usually provided supervision or administration were 25.0 % (n = 8). Those respondents who agreed that sociological practitioners are competent to provide supervision or administration, and responded that they usually provided supervision or administration were 15.6 % (n = 5). Those respondents who were undecided that sociological practitioners are competent to provide supervision or administration, and responded that they usually provided supervision or administration were 14.3 % (n = 1). Those respondents who disagreed that sociological practitioners are competent to provide supervision or administration, and responded that they usually provided supervision or administration were 33.3 % (n = 1). No respondents reported that they strongly disagreed that sociological practitioners are competent to provide supervision or administration, and usually provided that service. Out of the 74 total cases, 20.3 % (n = 15) of the respondents reported that they usually provided supervision or administration.

Those respondents who strongly agreed that sociological practitioners are competent to provide supervision or administration, and responded that they frequently

provided supervision or administration were 12.5 % (n = 4). Those respondents who agreed that sociological practitioners are competent to provide supervision or administration, and responded that they frequently provided supervision or administration were 6.3 % (n = 2). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide supervision or administration, and frequently provided supervision or administration. Out of the 74 total cases, 8.1 % (n = 6) of the respondents reported that they frequently provided supervision or administration.

Those respondents who strongly agreed that sociological practitioners are competent to provide supervision or administration, and responded that they sometimes provided supervision or administration were 21.9 % (n = 7). Those respondents who agreed that sociological practitioners are competent to provide supervision or administration, and responded that they sometimes provided supervision or administration were 46.6 % (n = 13). Those respondents who were undecided that sociological practitioners are competent to provide supervision or administration, and responded that they sometimes provided supervision or administration were 57.1 % (n = 4). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to provide supervision or administration, and sometimes provided supervision or administration. Out of the 74 total cases, 32.4 % (n = 24) of the respondents reported that they sometimes provided supervision or administration.

Those respondents who strongly agreed that sociological practitioners are competent to provide supervision or administration, and responded that they seldom provided supervision or administration were 9.4 % (n = 3). Those respondents who

agreed that sociological practitioners are competent to provide supervision or administration, and responded that they seldom provided supervision or administration were 15.6 % (n = 5). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to provide supervision or administration, and seldom provided supervision or administration. Out of the 74 total cases, 10.8 % (n = 8) of the respondents reported that they seldom provided supervision or administration.

Out of the 74 cases, 71.6 % (n = 53) of the respondents provided supervision or administration, and 28.4 % (n = 21) never provided supervision or administration. A gamma of 0.084 was obtained indicating a weak positive relationship between the respondents' role expectations as a competency to provide supervision or administration and their actual role enactments providing supervision or administration. As competency levels increased, the provision of the services (providing supervision or administration) also increased. Consequently, respondents' perceived competency of sociological practitioners to provide supervision or administration is a role expectation and weakly predicts role enactment. Table 16 illustrates this conclusion.

Policy analysis. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to conduct policy analysis, and responded that they usually conducted policy analysis were 10.3 % (n = 4). Those respondents who agreed that sociological practitioners are competent to conduct policy analysis, and responded that they usually conducted policy analysis were 7.1 % (n = 2). Those respondents who were undecided that sociological practitioners are

competent to conduct policy analysis, and responded that they usually conducted policy analysis were 16.7 % (n = 1). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to conduct policy analysis, and usually provided policy analysis. Out of the 74 total cases, 9.5 % (n = 7) of the respondents reported that they usually conducted policy analysis.

Those respondents who strongly agreed that sociological practitioners are competent to conduct policy analysis, and responded that they frequently conducted policy analysis were 17.9 % (n = 7). Those respondents who agreed that sociological practitioners are competent to conduct policy analysis, and responded that they frequently conducted policy analysis were 14.3 % (n = 4). No respondents reported that they were undecided or disagreed that sociological practitioners are competent to conduct policy analysis, and frequently conducted policy analysis. Those respondents who strongly disagreed that sociological practitioners are competent to conduct policy analysis, and responded that they frequently conducted policy analysis were 100 % (n = 1). Out of the 74 total cases, 16.2 % (n = 12) of the respondents reported that they frequently conducted policy analysis.

Those respondents who strongly agreed that sociological practitioners are competent to conduct policy analysis, and responded that they sometimes conducted policy analysis were 25.6 % (n = 10). Those respondents who agreed that sociological practitioners are competent to conduct policy analysis, and responded that they sometimes conducted policy analysis were 28.6 % (n = 8). Those respondents who were undecided that sociological practitioners are competent to conduct policy analysis, and responded that they sometimes conducted policy analysis were 66.7 % (n = 4). No

respondents reported that they disagreed, or strongly disagreed that sociological practitioners are competent to conduct policy analysis, and sometimes conducted policy analysis. Out of the 74 total cases, 29.7 % (n = 22) of the respondents reported that they sometimes conducted policy analysis.

Those respondents who strongly agreed that sociological practitioners are competent to conduct policy analysis, and responded that they seldom conducted policy analysis were 30.8 % (n = 12). Those respondents who agreed that sociological practitioners are competent to conduct policy analysis, and responded that they seldom conducted policy analysis were 28.6 % (n = 8). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct policy analysis, and seldom conducted policy analysis. Out of the 74 total cases, 27.0 % (n = 20) of the respondents reported that they seldom conducted policy analysis.

Out of the 74 cases, 82.4 % (n = 61) of the respondents conducted policy analysis, and 17.6 % (n = 13) never conducted policy analysis. A gamma of -0.015 was obtained indicating that there is no relationship between the respondents' role expectations as a competency to conduct policy analysis and their actual role enactments conducting policy analysis. Consequently, respondents' perceived competency of sociological practitioners to conduct policy analysis is not a clear role expectation and does not predict role enactment. Table 17 illustrates this conclusion.

Program evaluation. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis. Those respondents who strongly agreed that sociological practitioners are competent to

conduct program evaluations, and responded that they usually conducted program evaluations were 19.1 % (n = 9). Those respondents who agreed that sociological practitioners are competent to conduct program evaluations, and responded that they usually conducted program evaluations were 21.7 % (n = 5). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct program evaluations, and usually provided program evaluations. Out of the 74 total cases, 18.9 % (n = 17) of the respondents reported that they usually conducted program evaluations.

Those respondents who strongly agreed that sociological practitioners are competent to conduct program evaluations, and responded that they frequently conducted program evaluations were 17.0 % (n = 8). Those respondents who agreed that sociological practitioners are competent to conduct program evaluations, and responded that they frequently conducted program evaluations were 17.4 % (n = 4). Those respondents who were undecided that sociological practitioners are competent to conduct program evaluations, and responded that they frequently conducted program evaluations were 50.0 % (n = 2). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to conduct program evaluations, and frequently conducted program evaluations. Out of the 74 total cases, 18.9 % (n = 14) of the respondents reported that they frequently conducted program evaluations.

Those respondents who strongly agreed that sociological practitioners are competent to conduct program evaluations, and responded that they sometimes conducted program evaluations were 40.4 % (n = 19). Those respondents who agreed that sociological practitioners are competent to conduct program evaluations, and responded

that they sometimes conducted program evaluations were 43.5 % (n = 10). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct program evaluations, and sometimes conducted program evaluations. Out of the 74 total cases, 39.2 % (n = 29) of the respondents reported that they sometimes conducted program evaluations.

Those respondents who strongly agreed that sociological practitioners are competent to conduct program evaluations, and responded that they seldom conducted program evaluations were 10.6 % (n = 5). Those respondents who agreed that sociological practitioners are competent to conduct program evaluations, and responded that they seldom conducted program evaluations were 13.0 % (n = 3). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to conduct program evaluations, and seldom conducted program evaluations. Out of the 74 total cases, 10.8 % (n = 8) of the respondents reported that they seldom conducted program evaluations.

Out of the 74 cases, 87.8 % (n = 65) of the respondents conducted program evaluations, and 12.2 % (n = 9) never conducted program evaluations. A gamma of -0.016 was obtained indicating that there is no relationship between the respondents' role expectations as a competency to conduct program evaluations and their actual role enactments conducting program evaluations. Consequently, respondents' perceived competency of sociological practitioners to conduct program evaluations is not a clear role expectation and does not predict role enactment. Table 18 illustrates this conclusion.

Community change. Out of the 74 respondents to the Sociological Practitioner Role Questionnaire, all cases were valid, and no cases were missing for this analysis.

Those respondents who strongly agreed that sociological practitioners are competent to facilitate community change, and responded that they usually facilitated community change were 20.4 % (n = 10). Those respondents who agreed that sociological practitioners are competent to facilitate community change, and responded that they usually facilitated community change were 31.6 % (n = 6). Those respondents who were undecided that sociological practitioners are competent to facilitate community change, and responded that they usually facilitated community change were 33.3 % (n = 2). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to facilitate community change, and usually facilitated that service. Out of the 74 total cases, 24.3 % (n = 18) of the respondents reported that they usually facilitated community change.

Those respondents who strongly agreed that sociological practitioners are competent to facilitate community change, and responded that they frequently facilitated community change were 26.5 % (n = 13). Those respondents who agreed that sociological practitioners are competent to facilitate community change, and responded that they frequently facilitated community change were 10.5 % (n = 2). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to facilitate community change, and frequently facilitated community change. Out of the 74 total cases, 20.3 % (n = 15) of the respondents reported that they frequently facilitated community change.

Those respondents who strongly agreed that sociological practitioners are competent to facilitate community change, and responded that they sometimes facilitated community change were 28.6 % (n = 14). Those respondents who agreed that

sociological practitioners are competent to facilitate community change, and responded that they sometimes facilitated community change were 31.6 % (n = 6). Those respondents who were undecided that sociological practitioners are competent to facilitate community change, and responded that they sometimes facilitated community change were 66.7 % (n = 4). No respondents reported that they disagreed or strongly disagreed that sociological practitioners are competent to facilitate community change, and sometimes facilitated community change. Out of the 74 total cases, 32.4 % (n = 24) of the respondents reported that they sometimes facilitated community change.

Those respondents who strongly agreed that sociological practitioners are competent to facilitate community change, and responded that they seldom facilitated community change were 12.2 % (n = 6). Those respondents who agreed that sociological practitioners are competent to facilitate community change, and responded that they seldom facilitated community change were 21.1 % (n = 4). No respondents reported that they were undecided, disagreed, or strongly disagreed that sociological practitioners are competent to facilitate community change, and seldom facilitated community change. Out of the 74 total cases, 13.5 % (n = 10) of the respondents reported that they seldom facilitated community change.

Out of the 74 cases, 90.5 % (n = 67) of the respondents facilitated community change, and 9.5 % (n = 7) never facilitated community change. A gamma of -0.079 was obtained indicating no relationship between the respondents' role expectations as a competency to facilitate community change and their actual role enactments facilitating community change. Consequently, respondents' perceived competency of sociological practitioners to facilitate community change is not a role expectation and does not predict

role enactment. Table 19 illustrates this conclusion.

The relationships described above answers the question, "Do sociological practitioners have clear role expectations for their roles as practitioners?" For the most part, they do have clear role expectations. However, there are some instances when these role expectations may become ambiguous, and may not strongly predict role enactment. For example, the roles of providing consultation, conducting social needs assessments, teaching, and providing administration or supervision. In addition, there may be some roles that are emerging, and have few set guidelines for sociological practitioners. For example, policy analysis, program evaluation, and community change activities.

Table 4

Respondents' Reports to Minimize Social Problems by Perception of Sociological Practitioners as Competent to Minimize Social Problems

		Perception of Sociological Practitioners as Competent to Minimize Social Problems				
		Strongly Agree	Agree	Undecided	Disagree	Total
Reports to Minimize Social Problems	Usually	6	1			7
		13.0%	4.5%			9.5%
	Frequently	11	1			12
		23.9%	4.5%			16.2%
	Sometimes	16	4	1		21
		34.8%	18.2%	20.0%		28.4%
	Seldom	6	8			14
		13.0%	36.4%			18.9%
	Never	7	8	4	1	20
		15.2%	36.4%	80.0%	100.0%	27.0%
Total		46	22	5	1	74
		100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.639

Table 5

Respondents' Reports to Conduct Clinical Assessments by Perception of Sociological Practitioners as Competent to Conduct Clinical Assessments

		Perception of Sociological Practitioners as Competent to Conduct Clinical Assessments					
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
Reports to Conduct Clinical Assessments	Usually	7	2				9
		25.9%	6.3%				12.2%
	Frequently	5	3				8
		18.5%	9.4%				10.8%
	Sometimes	4	6	1	1		12
		14.8%	18.8%	9.1%	50.0%		16.2%
	Seldom	4	4	1			9
		14.8%	12.5%	9.1%			12.2%
	Never	7	17	9	1	2	36
		25.9%	53.1%	81.8%	50.0%	100.0%	48.6%
Total		27	32	11	2	2	74
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.561

Table 6

Respondents' Reports to Provide Sociotherapy or Counseling by Perception of Sociological Practitioners as Competent to Provide Sociotherapy or Counseling

		Perception of Sociological Practitioners as Competent to Provide Sociotherapy or Counseling					
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
Reports to Provide Sociotherapy or Counseling	Usually	6	3				9
		24.0%	9.7%				12.2%
	Frequently	3		1			4
		12.0%		8.3%			5.4%
	Sometimes	4	6	1			11
		16.0%	19.4%	8.3%			14.9%
	Seldom	5	6		1		12
		20.0%	19.4%		50.0%		16.2%
	Never	7	16	10	1	4	38
		28.0%	51.6%	83.3%	50.0%	100.0%	51.4%
Total		25	31	12	2	4	74
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.551

Table 7

Respondents' Reports to Provide Mediation Services by Perception of Sociological Practitioners as Competent to Provide Mediation Services

		Perception of Sociological Practitioners as Competent to Provide Mediation Services					
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
Reports to Provide Mediation Services	Usually	1					1
		3.2%					1.4%
	Frequently	4					4
		12.9%					5.4%
	Sometimes	5	6	1			12
		16.1%	23.1%	7.1%			16.2%
	Seldom	7	4	1			12
		22.6%	15.4%	7.1%			16.2%
	Never	14	16	12	1	2	45
		45.2%	61.5%	85.7%	100.0%	100.0%	60.8%
Total		31	26	14	1	2	74
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.507

Table 8

Respondents' Reports to Provide Micro Level Intervention by Perception of Sociological Practitioners as Competent to Provide Micro Level Intervention

		Perception of Sociological Practitioners as Competent to Provide Micro Level Intervention					
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
Reports to Provide Micro Level Intervention	Usually	3	3	1			7
		12.0%	10.0%	7.1%			9.5%
	Frequently	5	1	1			7
		20.0%	3.3%	7.1%			9.5%
	Sometimes	6	6				12
		24.0%	20.0%				16.2%
	Seldom	4	10	2	1		17
		16.0%	33.3%	14.3%	50.0%		23.0%
	Never	7	10	10	1	3	31
		28.0%	33.3%	71.4%	50.0%	100.0%	41.9%
Total		25	30	14	2	3	74
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.459

Table 9

Respondents' Reports to Act as Expert Witnesses by Perception of Sociological Practitioners as Competent to Act as Expert Witnesses

		Perception of Sociological Practitioners as Competent to Act as Expert Witnesses				
		Strongly Agree	Agree	Undecided	Disagree	Total
Reports to Act as Expert Witnesses	Usually	1	1			2
		3.2%	3.6%			2.7%
	Frequently	2	1	1		4
		6.5%	3.6%	7.1%		5.4%
	Sometimes	7	4	1		12
		22.6%	14.3%	7.1%		16.2%
	Seldom	7	4	1		12
		22.6%	14.3%	7.1%		16.2%
	Never	14	18	11	1	44
		45.2%	64.3%	78.6%	100.0%	59.5%
Total		31	28	14	1	74
		100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.369

Table 10

Respondents' Reports to Provide Macro Level Intervention by Perception of Sociological Practitioners as Competent to Provide Macro Level Intervention

		Perception of Sociological Practitioners as Competent to Provide Macro Level Intervention				
		Strongly Agree	Agree	Undecided	Strongly Disagree	Total
Reports to Provide Macro Level Intervention	Usually	2	2	1		5
		6.7%	6.9%	7.1%		6.8%
	Frequently	3	3			6
		10.0%	10.3%			8.1%
	Sometimes	11	6	1		18
		36.7%	20.7%	7.1%		24.3%
	Seldom	2	4	2		8
		6.7%	13.8%	14.3%		10.8%
	Never	12	14	10	1	37
		40.0%	48.3%	71.4%	100.0%	50.0%
Total		30	29	14	1	74
		100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.322

Table 11

Respondents' Reports to Provide Meso Level Intervention by Perception of Sociological Practitioners as Competent to Provide Meso Level Intervention

		Perception of Sociological Practitioners as Competent to Provide Meso Level Intervention					
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total
Reports to Provide Meso Level Intervention	Usually	1		1	1		3
		3.7%		8.3%	100.0%		4.1%
	Frequently	6	5	1			12
		22.2%	15.2%	8.3%			16.2%
	Sometimes	8	11	1			20
		29.6%	33.3%	8.3%			27.0%
	Seldom	4	7	1			12
		14.8%	21.2%	8.3%			16.2%
	Never	8	10	8		1	27
		29.6%	30.3%	66.7%		100.0%	36.5%
Total		27	33	12	1	1	74
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.222

Table 12

Respondents' Reports to Conduct Applied Research by Perception of Sociological Practitioners as Competent to Conduct Applied Research

		Perception of Sociological Practitioners as Competent to Conduct Applied Research			
		Strongly Agree	Agree	Undecided	Total
Reports to Conduct Applied Research	Usually	13	5		18
		25.5%	23.8%		24.3%
	Frequently	13	4	1	18
		25.5%	19.0%	50.0%	24.3%
	Sometimes	16	6		22
		31.4%	28.6%		29.7%
	Seldom	7	3		10
		13.7%	14.3%		13.5%
	Never	2	3	1	6
		3.9%	14.3%	50.0%	8.1%
Total		51	21	2	74
		100.0%	100.0%	100.0%	100.0%

Gamma = 0.188

Table 13

Respondents' Reports to Provide Consultation by Perception of Sociological Practitioners as Competent to Provide Consultation

		Perception of Sociological Practitioners as Competent to Provide Consultation				
		Strongly Agree	Agree	Undecided	Strongly Disagree	Total
Reports to Provide Consultation	Usually	5	5	1		11
		11.4%	19.2%	50.0%		14.9%
	Frequently	18	4			22
		40.9%	15.4%			29.7%
	Sometimes	16	13	1	1	31
		36.4%	50.0%	50.0%	50.0%	41.9%
	Seldom	4	3			7
		9.1%	11.5%			9.5%
	Never	1	1		1	3
		2.3%	3.8%		50.0%	4.1%
Total		44	26	2	2	74
		100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.182

Table 14

Respondents' Reports to Conduct Social Needs Assessments by Perception of Sociological Practitioners as Competent to Conduct Social Needs Assessments

		Perception of Sociological Practitioners as Competent to Conduct Social Needs Assessments			
		Strongly Agree	Agree	Undecided	Total
Reports to Conduct Social Needs Assessments	Usually	4	2		6
		8.5%	8.3%		8.1%
	Frequently	9	4		13
		19.1%	16.7%		17.6%
	Sometimes	18	8	2	28
		38.3%	33.3%	66.7%	37.8%
	Seldom	12	6		18
		25.5%	25.0%		24.3%
	Never	4	4	1	9
		8.5%	16.7%	33.3%	12.2%
Total		47	24	3	74
		100.0%	100.0%	100.0%	100.0%

Gamma = 0.152

Table 15

Respondents' Reports to Teach by Perception of Sociological Practitioners as Competent to Teach

		Perception of Sociological Practitioners as Competent to Teach				
		Strongly Agree	Agree	Undecided	Strongly Disagree	Total
Reports to Teach	Usually	23	11	3		37
		53.5%	40.7%	100.0%		50.0%
	Frequently	5	5			10
		11.6%	18.5%			13.5%
	Sometimes	11	5		1	17
		25.6%	18.5%		100.0%	23.0%
	Seldom	3	4			7
		7.0%	14.8%			9.5%
	Never	1	2			3
		2.3%	7.4%			4.1%
Total		43	27	3	1	74
		100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.107

Table 16

Respondents' Reports to Provide Supervision or Administration by Perception of Sociological Practitioners as Competent to Provide Supervision or Administration

		Perception of Sociological Practitioners as Competent to Provide Supervision or Administration				
		Strongly Agree	Agree	Undecided	Disagree	Total
Reports to Provide Supervision or Administration	Usually	8	5	1	1	15
		25.0%	15.6%	14.3%	33.3%	20.3%
	Frequently	4	2			6
		12.5%	6.3%			8.1%
	Sometimes	7	13	4		24
		21.9%	40.6%	57.1%		32.4%
	Seldom	3	5			8
		9.4%	15.6%			10.8%
	Never	10	7	2	2	21
		31.3%	21.9%	28.6%	66.7%	28.4%
Total		32	32	7	3	74
		100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = 0.084

Table 17

Respondents' Reports to Conduct Policy Analysis by Perception of Sociological Practitioners as Competent to Conduct Policy Analysis

		Perception of Sociological Practitioners as Competent to Conduct Policy Analysis				
		Strongly Agree	Agree	Undecided	Strongly Disagree	Total
Reports to Conduct Policy Analysis	Usually	4	2	1		7
		10.3%	7.1%	16.7%		9.5%
	Frequently	7	4		1	12
		17.9%	14.3%		100.0%	16.2%
	Sometimes	10	8	4		22
		25.6%	28.6%	66.7%		29.7%
	Seldom	12	8			20
		30.8%	28.6%			27.0%
	Never	6	6	1		13
		15.4%	21.4%	16.7%		17.6%
Total		39	28	6	1	74
		100.0%	100.0%	100.0%	100.0%	100.0%

Gamma = -0.015

Table 18

Respondents' Reports to Conduct Program Evaluations by Perception of Sociological Practitioners as Competent to Conduct Program Evaluations

		Perception of Sociological Practitioners as Competent to Conduct Program Evaluations			
		Strongly Agree	Agree	Undecided	Total
Reports to Conduct Program Evaluations	Usually	9	5		14
		19.1%	21.7%		18.9%
	Frequently	8	4	2	14
		17.0%	17.4%	50.0%	18.9%
	Sometimes	19	10		29
		40.4%	43.5%		39.2%
	Seldom	5	3		8
		10.6%	13.0%		10.8%
	Never	6	1	2	9
		12.8%	4.3%	50.0%	12.2%
Total		47	23	4	74
		100.0%	100.0%	100.0%	100.0%

Gamma = -0.016

Table 19

Respondents' Reports to Conduct Community Change Activities by Perception of Sociological Practitioners as Competent to Conduct Community Change Activities

		Perception of Sociological Practitioners as Competent to Conduct Community Change Activities			
		Strongly Agree	Agree	Undecided	Total
Reports to Conduct Community Change Activities	Usually	10	6	2	18
		20.4%	31.6%	33.3%	24.3%
	Frequently	13	2		15
		26.5%	10.5%		20.3%
	Sometimes	14	6	4	24
		28.6%	31.6%	66.7%	32.4%
	Seldom	6	4		10
		12.2%	21.1%		13.5%
	Never	6	1		7
		12.2%	5.3%		9.5%
Total		49	19	6	74
		100.0%	100.0%	100.0%	100.0%

Gamma = -0.079

CHAPTER VI

SUMMARY AND CONCLUSIONS

Sociological practice has been a part of American sociology since the late 1800's. Much of the research found concerning sociological practice focuses on the practice areas of individual practitioners, and not aggregate level data regarding all practitioners. There are still debates over definitions concerning "sociological practice," "applied sociology," and "clinical sociology." Gaps in the professional literature concerning the specific role expectations of sociological practitioners, and their associated roles exist. These ambiguities stifle the development of sociological practice, and leaves academics wanting explanations for students who wish to pursue the specialization. Because of ambiguity and the lack of clarity surrounding sociological practice, research was needed to examine the roles expectations of sociological practitioners, the actual roles of practitioners, and to understand what makes their practices different from other helping professionals such as social workers, counselors, and psychologists.

This examination of sociological practice used the full membership of the Sociological Practice Association, as a representation of practitioners, in efforts to add clarity to some of the vague issues surrounding sociological practice and practitioners. This professional association was chosen because of its nearly equal numbers of both applied and clinical sociologists. Other professional associations for sociological practitioners exist, but due to financial limitations, the Applied Sociological Association

and the American Sociological Association's, Sociological Practice Section were not considered. In the following paragraphs, a summary of the research problem is presented, in addition to a summary of the findings of this study, their implications for the specialization of sociological practice, and suggestions for future research on sociological practice.

Summary of Problem.

The problem addressed in this study is how do clinical and applied sociologists define themselves and their specific tasks as sociologists. Role theory was used as a guiding perspective in this dissertation. More specifically, the following three propositions generated from role theory are of concern for this dissertation, and acted as a general framework for the study. First, to the extent that role expectations are unclear and ambiguous, behavior will be less readily predictable. Second, to the extent that role consensus exists for a particular position, the actor will be able to distinguish the position from other positions. Third, to the extent that an actor has been socialized into a particular position, including the philosophy and methods of that position, the actor will be able to identify accurately their position in the social structure.

The exact purpose of this study is to examine the perceptions of clinical and applied sociologists concerning their role expectations, role enactments, and how they define their work as being sociological in nature. The following three questions guided this research. First, do sociological practitioners have clear and unambiguous role expectations for their work as practitioners? Second, do sociological practitioners perceive their role enactments to differ from other helping professionals such as social workers, counselors, and psychologists? Finally, how do sociological practitioners

perceive their work as being sociological, in theory, methods, or both? The answers to these questions will provide empirical data as to the perceived role expectations and enactments of sociological practitioners. In addition, the data generated from these questions will assist in supporting or refuting the three propositions that give structure to this dissertation.

Summary of Findings.

Seventy-four respondents returned the Sociological Practitioner Role Questionnaire; 56.8 % were males and 43.2 % were females. The modal age was 54 years, and the median income ranged from $40,000 to $49,000 per year. Of the respondents, 86 % reported to hold the Ph.D., 10.8 % reported to hold a masters degree plus 30 additional hours, and only 2.7 % reported to hold a masters degree. Most respondents reported an academic major in sociology, followed by social psychology, social work, and organizational behavior. The majority of respondents (55.4 %) reported to be applied sociologists, while 44.6 % reported to be clinical sociologists. Only 36.5 % of the respondents reported to hold a certification in sociology, and 27.0 % reported to be licensed in social work, counseling, marriage and family therapy, or another field. The primary work setting was reported to be the university setting (45.9 %), and 18.9 % reported that private practice was their secondary work setting. Of those responding, 77.0 % reported that they either agreed or strongly agreed that they perceived themselves as scientist-practitioners.

In summary, the demographic results of this study indicate that the typical sociological practitioner, who is also a member of the Sociological Practice Association, is a 54 year old, male, who holds a Ph.D. in sociology. He earns between $40,000 and

$49,000 per-year from sociological practice. He specializes in applied sociology, is not likely to be certified or licensed, and primarily works in a university setting. He may have a private practice, but it is not likely. Regardless, he thinks of himself as a scientist-practitioner.

Do sociological practitioners have clear and unambiguous role expectations for their work as practitioners? The role expectations for the respondents are as follows in ascending order: applied research, social needs assessments, program evaluation, consultation, teaching, community change activities, working to minimize social problems, policy analysis, supervision or administration, to provide meso level interventions, to act as an expert witness, to provide macro level interventions, clinical assessment, mediation, sociotherapy or counseling, and to provide micro level intervention. Though this data provides a hierarchal list of the role expectations of the respondents, it does not speak to their clarity. Concerning the clarity of role expectations leading to actual role enactments, the minimization of social problems is the clearest, followed by in ascending order: clinical assessment, sociotherapy or counseling, mediation services, micro level intervention, to act as an expert witness, macro level intervention, meso level intervention, applied research, consultation, to provide social needs assessments, teaching, supervision or administration, policy analysis, program evaluation, and community change activities.

This data indicates that even though sociological practitioners may be perceived as competent (a role expectation) to provide a particular role, they may not actually provide that role (role enactment). For example, of those responding, 91.9 % reported that sociological practitioners are competent to minimize social problems, while only

25.7 % actually work to minimize social problems, but 46.0 % reported that they seldom or never worked to minimize social problems. In this example, those who reported that they strongly agreed or agreed that minimization of social problems is a competency, also reported that they usually or frequently engaged in that activity. Conversely, those who reported that they disagreed with the minimization of social problems as being a competency for sociological practitioners were never engaged in that activity. Concerning applied research, of those responding, 97.3 % of the respondents either strongly agreed or agreed that sociological practitioners are competent to conduct applied research; however, only 48.7 % reported that they actually conduct applied research, and 21.6 % reported that they seldom or never conducted applied research. In this example, those who reported that they strongly agreed or agreed that conducting applied research is a competency of sociological practitioners were just as likely to usually or frequently conduct applied research as they were to never or seldom conduct applied research.

Teaching was another interesting variable. Of those responding, 94.6 % reported that sociological practitioners are competent to teach, while only 77 % reported that they usually or frequently teach, and 13.5 % reported that they seldom or never teach. In this example, those who reported that they strongly agreed or agreed that teaching is a competency of sociological practitioners were just as likely to usually or frequently teach, as they were to never or seldom teach.

Nevertheless, the most clear role expectations for sociological practitioners are the minimization social problems, conducting clinical assessment, providing sociotherapy or counseling, providing mediation services, and providing micro level interventions. Moderately clear role expectations are being an expert witness, providing macro level

interventions, and providing meso level interventions. Those role expectations with only a small degree of clarity are conducting applied research, providing consultation, conducting social needs assessments, teaching, and supervision or administration. The most unclear and ambiguous role expectations for sociological practitioners are conducting policy analysis, conducting program evaluations, and engaging in community change activities. This data stand in contrast to some researchers (Simon & Scherer, 1990) who reported that sociological practitioners do not have clearly defined role expectations and associated roles enactments.

Do sociological practitioners perceive their role enactments to differ from other helping professionals such as social workers, counselors, and psychologists? The primary role enactment reported by the respondents was teaching, followed by consulting, conducting applied research, engaging in community change activities, conducting program evaluations, conducting social needs assessments, policy analysis, minimization of social problems, supervision or administration, providing meso level interventions, providing micro level interventions, conducting clinical assessments, providing macro level interventions, providing sociotherapy or counseling, acting as an expert witness, and mediation. Nevertheless, other helping professionals, such as social workers, counselors, and psychologists, perform these same tasks. Eighty-five % of the respondents indicated, qualitatively, that what makes their work different is their focus on social structures and their use of sociological theory. Very few of the respondents (14.8 %) indicated that there are no differences between sociological practitioners and other helping professionals. Other researchers have obtained this same result, such as Phillips and Gelfand (1976) and Knudten (1990). However, 21.6 % of the respondents reported

that they also usually or frequently use psychological theory. This percentage may reflect those of responded with degrees in social work or licenses in social work or counseling.

How do sociological practitioners perceive their work as sociological in theory, methods or both? Similar to what makes their work differ from other helping professionals, respondents reported that they perceive their work as sociological because of their use of sociological theory. Of those responding, 73.0 % reported that they usually or frequently use sociological theory. This is similar to the qualitative data where the use of sociological theory or a focus on social structure was reported to be the key difference between sociological practitioners and other helping professionals. More importantly, no respondents reported that they never use sociological theory in their work. Only 21.6 % of the respondents reported using psychological theory, and 37.8 % reported that they seldom or never use psychological theory.

Concerning methods, 82.4 % of the respondents reported that they strongly agreed or agreed that they use common scientific methods that all social and behavioral scientists use. Only 10.8 % strongly disagreed or disagreed that they do not use common scientific methods. This may account for the few respondents that are not trained as social scientists or those that may not perceive themselves as scientist-practitioners. Nevertheless, this data suggests that the methods used by most sociological practitioners, who are also members of the Sociological Practice Association, are like those used by other social and behavioral scientists; consequently, their methods are not unique to sociological practice.

Based on this data, the key factor in what makes the work of sociological practitioners sociological is their reliance on sociological theory. As stated earlier, this is

consistent with other research such as Phillips and Gelfand (1976) and Knudten (1990). Conversely, sociological practitioners who rely on psychological theory may be actually engaged in the practice of counseling, psychology, or social work (Ives, 1983). Furthermore, those practitioners who utilize psychologically orientated theory may account for those with degrees in social work, and those licensed in social work or counseling.

Implications of Findings.

When considering the implications of the findings in this dissertation, readers need to be cautious not to over generalize the results to all sociological practitioners, since only the membership of the Sociological Practice Association was surveyed. Additionally, the data in this study was generated form self-reports, and not direct observation, which may give rise to errors in interpretations of survey questions, perceptual differences among the respondents, and wishful thinking. Furthermore, different results may have been evident if a different variable, other than competency, was used as a role expectation as a quality. Moreover, role theory itself may have limited the results of this study; where as different results may have been obtained if a different theoretical perspective was used as a guiding framework.

Implications in terms of role theory. The first proposition proposed that to the extent that role expectations are unclear and ambiguous, behavior will be less readily predictable. The data supported this proposition because the more clearly defined role expectations reported as competencies by the respondents, the more likely the respondents were likely to engage in that activity. The second proposition proposed that to the extent that role consensus exists for a particular position, the actor will be able to

distinguish the position from other positions. The data supported this proposition only if the sociological practitioner uses sociological theory to guide their practices. This is to say that despite role consensus, the roles of sociological practitioners are no different from those of social workers, counselors, or psychologists, unless the practitioner approaches their tasks with a sociological theoretical framework. The third proposition proposed that to the extent that an actor has been socialized into a particular position, including the philosophy and methods of that position, the actor would be able to identify accurately their position in the social structure. This is the most strongly supported proposition of the three because most sociological practitioners in this population reported to hold a Ph.D. in sociology; they are trained in sociological theory and in scientific inquiry as it is used by the discipline of sociology. This implies that sociological practitioners are socialized in the understanding and use of sociological theory as a result of their academic training, facilitating their identity as sociologists, and locating them in the social structure.

Implications in terms of practice. Though the role expectations are more clear and unambiguous than when Van Horne (1976) wrote his article on the emergent roles of sociological practitioners in non-academic settings, they still are in a state of role development. Clearly, sociological practitioners have taken on roles and have been successful; however, so have other similar professions such as social work, counseling, and psychology. The key may be for sociological practitioners to label unfailingly themselves as sociologists, and not social workers, counselors, psychologists, marriage and family therapists, or chemical dependency counselors as Klein and Jones (1991) had suggested. Sociological practitioners should consider advertising and promoting their

services on their business cards, in phone books, and on literature designed to promote their services, as being delivered by a sociologist.

This data uncovered a blurring between clinical and applied sociology. Many comments were made in a qualitative fashion on the returned instruments that indicated that clinical sociologists do "everything that applied sociologists do." However, this was not the case with respondents who claimed to be applied sociologists. Therefore, boundaries may need considering between the roles of clinical and applied sociologists in a definitional manner. For example, clinical sociologists engage in therapeutic intervention (counseling) with individuals, couple, families, and groups, using sociological perspectives; or they may teach clinical or counseling sociology to students. Conversely, applied sociologists are those who engage in applied research to solve "real life" problems, conduct program evaluations, or teach applied techniques to students.

Implications in terms of academic and field training. To add clarity to the role expectations and associated enactments of sociological practitioners, students need various theoretical and methodological tools specific to sociology. This is to say that students should have core requirements in sociological theory, covering micro and macro level theories. In addition, students should be thoroughly familiar with scientific research methods and data analysis techniques. Finally, to reinforce the roles of sociological practitioners for students and the community, specific field placements should be required of all practice-orientated students, under the careful supervision of faculty with sociological practice experience. This training method has been shown successful overtime by competing practice-orientated disciplines such as social work, counseling, and psychology.

Suggestions for Future Research.

Future researchers may consider using other variables for roles expectations as qualities, attitudes, or traits. This broad set of variables ranges from individual personality traits of individual sociological practitioners to attitudes about a particular role being sociological or not being sociological in nature. Other roles for sociological practitioners may need exploration as they emerge as well. Nevertheless, more research, that is empirical in nature, is needed on the role expectations and enactments of sociological practitioners, so that sociological practitioners can have data to support their claims to perform certain roles.

Outcome research is needed to determine if sociological practice is effective, and for what it most effectively addresses. This type of research would be helpful to market sociological practice to consumers. It may be the case that sociological practitioners have skills that social workers, counselors, and psychologists are not as proficient in doing, or that they do not have at all. Lastly, consumers may have problems or issues that can best be solved with a sociological perspective, and not a psychological perspective.

Finally, more research is needed to clarify the definition of sociological practice, clinical sociology, and applied sociology. The differences between clinical and applied sociology need to be fully distinguished. This type of research will serve to clarify the roles of sociological practitioners to other sociologists, the public, and other helping professionals. Research should focus on the need for sociological practice, so its existence may be justified with the discipline of sociology and to the public. Efforts are needed to clarify the specific assessment strategies and intervention strategies to potential consumers or employers. Lastly, efforts should focus on the limitations of sociological

practice, so that students and practitioners are aware of the various limitations of their chosen field of practice.

Conclusions.

In conclusion, sociological practice appears to have largely evolved since its beginnings in the late 1800's. Sociological practitioners are clearly more than academics engaging in wishful thinking about what they could do, but instead are a collection of well-educated sociologists, practicing from a sociological perspective to minimize social problems. Specific roles have emerged for sociological practitioners including: teaching, consulting, conducting applied research, engaging in community change activities, program evaluation, conducting social needs assessments, policy analysis, supervision or administration, conducting clinical assessments, sociotherapy or counseling, acting as an expert witness, and mediation; each having the potential of being provided on the micro, meso, and macro levels. However, much growth and development is needed for sociological practice to approach licensure and full acceptance as a field of practice by other practitioners such as social workers, counselors, and psychologists; as well as the public. Role expectations need to become more clear and unambiguous. Renewal efforts need to occur by sociological practitioners to encourage the growth of their sociological specialization and its certification. The production of empirical research, going beyond the case study, is paramount to demonstrating that sociological practices are effective and useful. Nevertheless, sociological practice holds much potential as students continue to seek its promise.

APPENDIX

QUESTIONNAIRE

The Sociological Practitioner Role Questionnaire (SPRQ)

I. *First, I would like to begin by asking you some demographic questions about yourself.*

_____ 1. What is your gender?

male **female**

_____ 2. What month and year were you born? _____

_____ 3. What is your income earned from Sociological Practice? Please check only **ONE**.

less than 20,000
20,000 to 29,999
30,000 to 39,999
40,000 to 49,999
50,000 to 59,999
60,000 to 69,999
70,000 or more
don t know, prefer not to say, no response

_____ 4. What is your Level of Education? Please indicate your highest academic degree **AND** major.

Doctoral (Ph.D./Ed.D./D.S.W./Psy.D.)
Masters +30
Masters (M.S./M.A./M.S.W./M.Ed.)

Major in Doctoral degree: _____

Major in Master s degree: _____

_____ 5. What is your sociological specialization? Please check only **ONE**.

Applied Sociology **Clinical Sociology (Counseling Sociology)**

_____ 6. In what setting do you conduct your work? Please mark 1" for your primary work setting, **AND** 2" for your secondary work setting.

_____ Business/Industry
_____ Correctional Institution
_____ Government
_____ Group Home/Residential Facility
_____ Medical Facility
_____ Nursing Facility/Retirement Home
_____ Public Agency
_____ Private Agency
_____ Private Practice
_____ Psychiatric Facility
_____ University
_____ Other (please specify): _____

_____ 7. Are you certified by **any** certifying organizations?

Yes **No**

_____ **IF YES**, In What? Please spell out the full name of **ALL** certifications held.

_____

_____

_____

_____ 8. Are you licensed by **any** state boards?

Yes **No**

_____ **IF YES**, In What? Please spell out the full name of **ALL** licenses held.

_____

_____

_____

II. ***Next, I would like to ask you some questions about the role expectations you have of sociological practitioners.***

1. Sociological practitioners are competent to conduct clinical/counseling sociological assessments.

   ☐ **Strongly Agree** ☐ **Agree** ☐ **Undecided** ☐ **Disagree** ☐ **Strongly Disagree**

2. Sociological practitioners are competent to provide counseling or sociotherapy with individuals, couples, families, or groups.

   ☐ **Strongly Agree** ☐ **Agree** ☐ **Undecided** ☐ **Disagree** ☐ **Strongly Disagree**

3. Sociological practitioners are competent to conduct or participate in program evaluation activities.

   ☐ **Strongly Agree** ☐ **Agree** ☐ **Undecided** ☐ **Disagree** ☐ **Strongly Disagree**

4. Sociological practitioners are competent to conduct or participate in applied research activities.

   ☐ **Strongly Agree** ☐ **Agree** ☐ **Undecided** ☐ **Disagree** ☐ **Strongly Disagree**

5. Sociological practitioners are competent to write policy or conduct policy analysis.

   ☐ **Strongly Agree** ☐ **Agree** ☐ **Undecided** ☐ **Disagree** ☐ **Strongly Disagree**

6. Sociological practitioners are competent to teach classes of students.

   ☐ **Strongly Agree** ☐ **Agree** ☐ **Undecided** ☐ **Disagree** ☐ **Strongly Disagree**

7. Sociological practitioners are competent to provide supervisory or administrative duties relative to applied or clinical settings.

   ☐ **Strongly Agree** ☐ **Agree** ☐ **Undecided** ☐ **Disagree** ☐ **Strongly Disagree**

8. Sociological practitioners are competent to consult with others concerning human conduct, behavior, or action.

   ☐ **Strongly Agree** ☐ **Agree** ☐ **Undecided** ☐ **Disagree** ☐ **Strongly Disagree**

9. Sociological practitioners are competent to provide services as an expert witness for the courts.

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

10. Sociological practitioners are competent to provide training to other professionals in efforts to prevent or minimize social problems.

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

11. Sociological practitioners are competent to provide professional mediation services.

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

12. Sociological practitioners are competent to participate in community change, development, or organization activities.

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

13. Sociological practitioners are competent to provide clinical intervention on the micro level.

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

14. Sociological practitioners are competent to provide clinical intervention on the meso level.

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

15. Sociological practitioners are competent to provide clinical intervention on the macro level.

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

16. Sociological practitioners are competent to conduct social impact or social needs assessments.

□ Strongly Agree □ Agree □ Undecided □ Disagree □ Strongly Disagree

III. ***Next, I would like to ask you some questions about your perceived role enactments.***

1. I provide services as an expert witness for the courts.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

2. I conduct counseling or sociotherapy with individuals, couples, families, or groups.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

3. I provide clinical intervention on the micro level.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

4. I conduct social impact or social needs assessments.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

5. I conduct or participate in applied research activities.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

6. I write policy or conduct policy analysis.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

7. I provide professional mediation services.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

8. I provide supervisory or administrative duties relative to applied or clinical settings.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

9. I conduct clinical sociological assessments.

   ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

10. I provide training to other professionals to prevent or minimize social problems.

    ☐ **Never** ☐ **Seldom** ☐ **Sometimes** ☐ **Frequently** ☐ **Usually**

11. I teach classes of students.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

12. I provide clinical intervention on the macro level.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

13. I participate in community change, development, or organization activities.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

14. I consult with others concerning human conduct, behavior, or action.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

15. I provide clinical intervention on the meso level.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

16. I conduct or participate in program evaluation activities.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

IV. ***Finally, I would like to ask you some general sociological practice questions.***

1. I base my professional conduct as a sociological practitioner on sociological theory.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

2. I base my professional conduct as a sociological practitioner on psychological theory.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

3. I use methods that are common to all social and behavioral sciences in my professional conduct as a sociological practitioner.

□ Never □ Seldom □ Sometimes □ Frequently □ Usually

4. I consider myself a scientist-practitioner.

□ Strongly Agree □ Agree □ Neither □ Disagree □ Strongly Disagree

5. How do you perceive your work as a sociological practitioner as being sociological in nature?

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Please continue on to the next page . . . .

6. How do you see your professional conduct as a sociological practitioner being different from other helping professionals such as social workers, counselors, or psychologists?

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Thank you for participating in my dissertation research.

BIBLIOGRAPHY

Alinsky, S. D. (1984). A sociological technique in clinical criminology. Clinical Sociology Review, 2, 12-24.

Allen, S. (1979). Sociology and sociological practice. Sociology, 13(2), 275-281.

Argyle, M. (1989). The social psychology of work (2nd ed.). New York: Penguin Books.

Babbie, E., & Halley, F. (1995). Adventures in social research. Thousand Oaks: Pine Forge Press.

Billson, J. M. (1994). Society and self: A symbolic interactionist framework for sociological practice. Clinical sociology Review, 12, 115-133.

Black, C. M., & Enos, R. (1980). Sociological precedents and contributions to the understanding and facilitation of individual behavior change: The case for counseling sociology. Journal of Sociology and Social Welfare, 7(5), 648-664.

Black, C. M., & Holman, J. E. (1986). The progress of practice. Sociological Practice, 6(1), 9-32.

Black, C. M., Luker, W. A., Holman, J. E., & Enos, R. (1989). An integrated model for graduate training in sociological practice: The School of Community Service at the University of North Texas. Clinical Sociology Review, 7, 198-211.

Blumer, H. (1969). Symbolic interactionism: Perspective and method. Berkeley: University of California Press.

Borgatta, E. F. (1960). Role and reference group theory. In L. Logan (Ed.), Social science theory and social work research (pp. 16-25). New York: National Association of Social Workers.

Bruhn, J. G., & Rebach, H. M. (Eds.). (1996). Clinical sociology: An agenda for action. New York: Plenum Press.

Clark, E. J. (1986). Sociological practice: defining the field. Clinical Sociological Association.

Clark, E. J. (1990). The development of contemporary clinical sociology. Clinical Sociology Review, 8, 100-115.

Cousins, A. N. (1985). The sociological practitioner: An adjunctive role model. Sociological Spectrum, 5, 361-379.

Cuthbertson, B. A., (1989). The therapeutic community in a psychiatric facility: Does clinical sociology have a place? Clinical Sociology Review, 7, 141-151.

Creswell, J. W. (1994). Research design: Qualitative & quantitative approaches. Thousand Oaks: Sage.

DeMartini, J. R. (1979). Applied sociology: An attempt at clarification and assessment. Teaching Sociology, 6(4), 331-354.

DeMartini, J. R. (1983). Sociologists working in applied settings. Sociological Perspectives, 26(3), 341-351.

Deutscher, I. (1995). Sociological practice: The politics of identities and futures. Journal of Applied Sociology, 12, 1-9.

Donahue, E. M., & Harary, K. (1998). The patterned inconsistency of traits: Mapping the differential effects of social roles on self-perceptions of the big five. Personality and Social Psychology Bulletin, 24(6), 610-619.

Dunham, H. W. (1982). Clinical sociology: Its nature and function. Clinical Sociology Review, 1, 23-33.

Ellis, A. M. (2000). Certification of clinical sociologists: Benefits for practitioners and academics. Sociological Practice: A Journal of Clinical and Applied Sociology, 2, 45-50.

Fein, M. L. (1997). Clinical Sociology and the individual client. Clinical Sociology Review, 15, 40-50.

Foote, N. N. (1996). Frontiers in sociological practice. Clinical Sociological Review, 14, 1-13.

Frankfort-Nachmias, C. (1997). Social statistics for a diverse society. Thousand Oaks: Pine Forge Press.

Freeman, H. E., & Rossi, P. H. (1984). Furthering the applied side of sociology. American Sociological Review, 49, 571-580.

Freedman, J. A. (1982). Clinical sociology: What it is and what it isn t-A perspective. Clinical Sociology Review, 1, 34-49.

Freedman, J. A. (1989). Defining clinical sociology. Sociological Practice, 7, 53-56.

Garrison, H. H. (1992). The uses of Sociology. Journal of Applied Sociology, 9, 1-9.

Gay, L. R. (1996). Educational research: Competencies for analysis and application (5th ed.). Englewood Cliffs: Merrill.

Gelfand, D. E. (1975). The challenge of applied sociology. The American Sociologist, 10, 13-18.

Glass, J. F. (1980). Clinical sociology in 1985 - A retrospective. Sociological Practice, 3(2), 209-211.

Glass, J. F., & Fritz, J. (1982). Clinical sociology: Origins and development. Clinical Sociology Review, 1, 3-6.

Gollin, A. E. (1990). Whither the profession of sociology? The American Sociologist, 21(4), 316-320.

Gurdin, J. B. (1992). Using sociology to end chemical dependency. Clinical Sociology Review, 10, 90-106.

Hauser, W. J. (1990). Sociological practitioners: The lost tribe. Journal of Applied Sociology, 7, 103-107.

Heley, J. F. (1993). Statistics: A tool for social research (3rd ed.). Belmont: Wadsworth Press.

Heine, P. J., (1971). Personality in social theory. Chicago: Aldine.

Hougland, J. G., & Franklin, J. L. (1988). Do sociology degrees prepare students to work in applied settings? Journal of Applied Sociology, 5, 93-97.

Horne, W. V. (1976). The sociologist as organizational newcomer: Problems of role emergence. Sociological Practice, 1(1), 10-26.

Ives, K. H. (1983). Applied and clinical--What are the differences? Sociological Practice, 4(2), 109-112.

Jackel, M. (1991). Review essay: Clinical sociology. Teaching Sociology, 19, 96-102.

Kallen, D. J., Miller, D., & Daniels, A. (1968). Sociology, social work and social problems. The American Sociologist, 3(3), 235-240.

Kallen, D. J., (1995). Some history of clinical sociology and sociological practice, Part I. Clinical Sociology Review, 13, 1-23.

Klein, R. A., & Jones, R. S. (1991). Sociological practice: Is it sociology or is it social work. Wisconsin Sociologist, 28(1), 4-11.

Kennedy, D. B. (1984). Clinical sociology and correctional counseling. Crime & Delinquency, 30(2), 269-292.

Kennedy, J. (2000). Certification: A good idea--But not for all sociologists. Sociological Practice: A Journal of Clinical and Applied Sociology, 2, 41-44.

Knudten, R. D. (1990). Sociological practice: Scope and content. Wisconsin Sociologists, 27(1), 4-5.

Kuhn, M. H. (1954). Factors in personality, socio-cultural determinants as seen through the Amish. In F. L. K. Hsu (Ed.), Aspects of Culture and Personality (pp. 43-60). New York: Abelard-Schuman.

Kuhn, M. H., & McPartland, T. S. (1954). An investigation of self-attitudes. American Sociological Review, 19, 68-76.

Kuhn, M. H. (1964a). Major trends in symbolic interaction theory in the past twenty-five years. Sociological Quarterly, 5, 61-85.

Lefton, M., & Uyeki, E. (1978). Applied sociology: A field (of study)? Sociological Symposium, 21, 1-7.

Leong, F. T. L., & Zachar, P. (1991). Development and validation of the scientist-practitioner inventory for psychology. Journal of Counseling Psychology, 38(3) 331-341.

Lindzey, G. (Ed.). (1954). Handbook of social psychology (Vol. 1). Reading, MA: Addison-Wesley.

Lindzey, G. (Ed.). (1954). Handbook of social psychology (Vol. 2). Reading, MA: Addison-Wesley.

Lindzey, G., & Aronson, E. (Eds.). (1954). Handbook of social psychology (2nd ed., Vol. 1). Reading, MA: Addison-Wesley.

Lindzey, G., & Aronson, E. (Eds.). (1954). Handbook of social psychology (2nd ed., Vol. 2). Reading, MA: Addison-Wesley.

Linton, R. (1936). The study of man. New York: Appleton-Century-Crofts.

Lovel, G. (1995). Non-traditional jobs for sociologists: Problems? Teaching Newsletter, 10(1), 4-6.

Lyson, T. A., & Squires, G. D. (1984). The promise and perils of applied sociology: A survey of nonacademic employers. Sociological Inquiry, 54(1), 1-15.

Mead, G. H. (1934). Mind, self, and society. Chicago: University of Chicago Press.

Munson, C. E. (1982). Clinical sociology and social work. Free Inquiry in Creative Sociology, 10(2), 219-222.

Naboisek, H. (1953). Validation of a method for predicting role expectations in group therapy. Unpublished doctoral dissertation, University of California, Berkley.

Neiman, L. J., & Hughes, J. W. (1951). The problem of the concept of role – a re-survey of the literature. Social Forces, 30, 141-149.

Patterson, C. H. (1967). The selection of counselors. In J. M. Whiteley (Ed.), Research in Counseling (pp. 69-101). Columbus: Charles E. Merrill.

Phillips, B. S., & Gelfand, D. E. (1976). What is sociological practice ? Sociological Practice, 1(2), 83-85.

Rebach, H. M., & Bruhn, J. G. (Eds.). (1991). Handbook of clinical sociology. New York: Plenum Press.

Rhoades, L. (1981). A history of the American Sociological Association 1905-1980. Washington, DC: The American Sociological Association.

Robinette, P. D. (1992). Sociological practice s mid-life crisis. Clinical Sociology Review, 10, 21-36.

Rosenberg, M., & Turner, R. H. (Eds.). (1981). Social psychology: Sociological perspectives. New Brunswick, New Jersey: Transaction Publishers.

Ross, A. S., & Grant, M. (1994). Experimental and nonexperimental designs in social psychology. Boulder: Westview Press, Inc.

Rossi, P. H. (1986). How applied sociology can save basic sociology. Journal of Applied Sociology, 3(1), 1-5.

Rubin, A., & Babbie, E. (1993). Research methods for social work (2nd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.

Ruggiero, J. A., & Weston, L. C. (1994). Results of a practitioner survey and comparison with themes of articles published in the ASA Footnotes: Major issues facing the discipline of sociology. Clinical Sociology Review, 12, 17-28.

Sarbin, T. R. (1954). Role theory. In G. Lindzey (Ed.), Handbook of social psychology (Vol. 1., pp. 223-258). Reading, MA: Addison-Wesley.

Sarbin, T. R., & Allen, V. L. (1968). Role theory. In G. Lindzey & E. Aronson (Eds.), Handbook of social psychology (2nd ed., Vol. 1., pp. 488-567). Reading, MA: Addison-Wesley.

Sargent, S. S. (1950). Social psychology: An integrated interpretation. New York: The Ronald Press Company.

Shaw, K. E. (1990). Putting sociology into practice. Wisconsin Sociologist, 27(2/3), 12-17.

Shaw, M. E., & Costanzo, P. R. (1970). Theories of social psychology. New York: McGraw-Hill.

Shenton, H. N. (1989). Applied sociology. Sociological Practice, 7, 17-25.

Small, A. (1896). Scholarship and social agitation. American Journal of Sociology, 5, 564-582.

Straus, R. A. (1979). Clinical sociology: An idea whose time has come--Again. Sociological Practice, 3(10), 21-43.

Straus, R. A. (1982). Clinical sociology on the one-to-one level: A social behavioral approach to counseling. Clinical Sociology Review, 1, 59-74.

Straus, R. A. (1994). Using sociology: An introduction from the applied and clinical perspectives (2nd ed.). Dix Hills, New York: General Hall, Inc.

Steele, S. F. (1994). The craft of applied sociology: Skills, challenges, and vision. Journal of Applied Sociology, 11, 1-10.

Street, D. P., & Weinstein, E. A. (1975). Problems and prospects of applied sociology. The American Sociology, 10, 65-72.

Stryker, S. (1980). Symbolic interactionism. Menlo Park, CA: The Benjamin/Cummings.

Swan, L. A. (1980). Clinical sociologists: Coming out of the closet. Mid-American Review of Sociology, 5(1), 87-98.

Swan, L. A. (1984). The practice of sociology and sociotherapy. Cambridge: Schenkman.

Thoresen, J. H. (1993). The sociologist as expert witness. Clinical Sociology Review, 11, 109-122.

Turner, J. H. (1998). The structure of sociological theory (6th ed.). Belmont, CA: Wadsworth.

Turner, R. H. (1985). Unanswered questions in the convergence between structuralist and interactionist role theories. In S. N. Eisenstadt & H. J. Helle (Eds.). Perspectives on Sociological Theory. London: Sage.

Van Horne, W. (1976). The sociologist as organizational newcomer: Problems or role emergence. Sociological Practice, 1(1), 10-26.

Voelkl, G. M., & Colburn, K. (1984). The clinical sociologist as family therapist: Utilizing the strategic communication approach. Clinical Sociology Review, 2, 64-77.

Ward, L. (1906). Applied sociology. Boston: Ginn and Company.

Wirth, L. (1931). Clinical sociology. American Journal of Sociology, 37(1), 49-66.

Wimberley, R. C. (1998). Applied sociology? Even musicians give concerts. The American Sociologist, 29(4), 5-19.

Zachar, P., & Leong, F. T. L., (1992). A problem of personality: Scientist and practitioner differences. Journal of Personality, 60(3), 665-677.

Zorbaugh, H. (1939). Sociology in the clinic. Educational sociology, 12(6), 344-351.